



0005737941

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0005737941

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Entity Name and Mailing Address:

Entity Name: CROSS INSURANCE - NEW YORK, INC.
Foreign Name (name in home jurisdiction): CROSS INSURANCE - NEW YORK, INC.
The file number of this entity on the records of the Idaho Secretary of State is: 0004301945
Address: 491 MAIN ST.
BANGOR, ME 04401

Entity Details:

Entity Status: Active-Good Standing
This entity is organized under the laws of: MAINE
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:

The registered agent on record is:

Registered Agent: C T CORPORATION SYSTEM
Commercial Registered Agent
Physical Address
1555 W SHORELINE DR
STE 100
BOISE, ID 83702
Mailing Address
1555 W SHORELINE DR
STE 100
BOISE, ID 83702

Agent or Address Change

☐ Select if you are appointing a new agent.

Corporate Officers and Directors:

Name	Title	Business Address
<input checked="" type="checkbox"/> Matthew M Cobb	Secretary	491 MAIN ST BANGOR, ME 04401
<input checked="" type="checkbox"/> Royce M. Cross	President	491 MAIN ST BANGOR, ME 04401
<input checked="" type="checkbox"/> Royce M. Cross	Treasurer	491 MAIN ST BANGOR, ME 04401
<input checked="" type="checkbox"/> Royce M. Cross	Director	491 MAIN ST BANGOR, ME 04401
<input checked="" type="checkbox"/> Jonathan M. Cross	Director	491 MAIN ST BANGOR, ME 04401
<input checked="" type="checkbox"/> Royce M. Cross	Director	491 MAIN ST. BANGOR, ME 04401
<input checked="" type="checkbox"/> Royce M. Cross	Treasurer	491 MAIN ST. BANGOR, ME 04401



<input type="checkbox"/> Matthew M. Cobb	Secretary	491 MAIN ST. BANGOR, ME 04401
<input type="checkbox"/> Jonathan M. Cross	President	491 MAIN ST. BANGOR, ME 04401

The annual report must be signed by an authorized signer of the entity.
Job Title: Power of Attorney

Kelly Lettmann 05/15/2024

Sign Here _____ Date _____