

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835058

Entity Name: MOSAIC INSURANCE COMPANY

Current Principal Place of Business:

1209 ORANGE ST
WILMINGTON, DE 19801

Current Mailing Address:

125 BROAD STREET
NEW YORK, NY 10004-1501 US

FEI Number: 04-2482364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, SECRETARY
Name WILCHER, SUSAN B
Address 125 BROAD STREET
City-State-Zip: NEW YORK NY 10004

Title VP
Name PERRY, RODERICK
Address 125 BROAD STREET
City-State-Zip: NEW YORK NY 10004

Title VP, CFO, TREASURER, DIRECTOR
Name WOLF, ROBERT
Address 125 BROAD STREET
City-State-Zip: NEW YORK NY 10004-1501

Title DIRECTOR, CHAIRMAN
Name DE LINARES, CEDRIC
Address 125 BROAD STREET
City-State-Zip: NEW YORK NY 10004-1501

Title PRESIDENT, DIRECTOR
Name TAYLOR, THOMAS
Address 125 BROAD STREET
City-State-Zip: NEW YORK NY 10004-1501

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN B WILCHER

COMPLIANCE MANAGER 01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date