

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04486

FILED
Feb 03, 2011
Secretary of State

Entity Name: SUECIA INSURANCE COMPANY

Current Principal Place of Business:

25 SMITH STREET
SUITE 305
NANUET, NY 10954 US

New Principal Place of Business:

Current Mailing Address:

25 SMITH STREET
SUITE 305
NANUET, NY 10954 US

New Mailing Address:

FEI Number: 13-3031274 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD
Name: PEDERSEN, ZAID
Address: VALEVAGEN 5B
City-St-Zip: DJURSHOLM, SWEDEN, XX S-18261 SW

Title: D
Name: GORAN, FAXNER
Address: GOLFVAGEN 17
City-St-Zip: DANDERYD, SWEDEN, XX S-18257 SW

Title: PD
Name: DOBSON, GORDON
Address: 7606 HOGAN BRIDGE COURT
City-St-Zip: SPRING, TX 77389

Title: STD
Name: GOTTESMAN, SCOTT
Address: 6 HARRISON COURT
City-St-Zip: CORTLANDT MANOR, NY 10567

Title: D
Name: DAHLING, E. GUNTER
Address: 49 HEMLOCK DRIVE
City-St-Zip: SLEEPY HOLLOW, NY

Title: D
Name: DALY, J. LEO
Address: 763 PAPE AVENUE
City-St-Zip: TORONTO, ON M4K 3T2

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: SCOTT GOTTESMAN

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02/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date