

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04486

**FILED**  
**Jan 21, 2013**  
**Secretary of State**  
**CC9787879514**

**Entity Name:** SUECIA INSURANCE COMPANY

**Current Principal Place of Business:**

25 SMITH STREET  
SUITE 305  
NANUET, NY 10954

**Current Mailing Address:**

25 SMITH STREET  
SUITE 305  
NANUET, NY 10954 US

**FEI Number:** 13-3031274

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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 CD  
Name PEDERSEN, ZAID  
Address VALEVAGEN 5B  
City-State-Zip: DJURSHOLM, SWEDEN XX S-1-8261

Title D  
Name GORAN, FAXNER  
Address GOLFVAGEN 17  
City-State-Zip: DANDERYD, SWEDEN XX S-182-57

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

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

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

Title D  
Name DALY, J. LEO  
Address 763 PAPE AVE.  
City-State-Zip: TORONTO ONTARIO M4K 372

*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

**SECRETARY**

**01/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date