

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04486

FILED
Jan 15, 2016
Secretary of State
CC8919980652

Entity Name: SUECIA INSURANCE COMPANY

Current Principal Place of Business:

220 WHITE PLAINS ROAD - FLOOR 3
TARRYTOWN, NY 10591

Current Mailing Address:

220 WHITE PLAINS ROAD - FLOOR 3
TARRYTOWN, NY 10591 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 CHAIRMAN, DIRECTOR
Name GORAN, FAXNER
Address GOLFVAGEN 17
City-State-Zip: DANDERYD S-18257

Title PRESIDENT, DIRECTOR
Name DOBSON, GORDON
Address 211 PENINSULA WAY
City-State-Zip: COLUMBIA SC 29229

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

Title DIRECTOR
Name DALY, J. LEO
Address 427 DONLANDS AVE.
City-State-Zip: TORONTO ONTARIO M4J 3S2

Title DIRECTOR
Name HOWELL, WILLIAM H
Address 144 ANDOVER DRIVE
City-State-Zip: KENDALL PARK NJ 08824

Title DIRECTOR
Name CROCE, MARIA
Address 12 TERRACE RAOD
City-State-Zip: WAYNE NJ 07470

Title DIRECTOR
Name LEVEILLE, JOSIANNE
Address 1600 CENTER AVE.
UNIT 9A
City-State-Zip: FORT LEE NJ 07024

Title DIRECTOR
Name MAZUREK, PETER N
Address 63 ADAMS ST.
City-State-Zip: NORWOOD NJ 07648

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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

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MURPHY, GEORGE W
Address 22 DORCHESTER ROAD
City-State-Zip: ROCKVILLE CENTER NY 11570

Title DIRECTOR
Name REIN, ALAN J
Address 72 BROOK HILLS CIRCLE
City-State-Zip: WHITE PLAINS NY 10605