

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 805212

**Entity Name:** VIGILANT INSURANCE COMPANY

**Current Principal Place of Business:**

55 WATER ST  
NEW YORK, NY 10041

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC4915051458**

**Current Mailing Address:**

ATTN: PATRICIA TOMCZYK  
15 MOUNTAIN VIEW RD., P.O. BOX 1615  
WARREN, NJ 07061-1615 US

**FEI Number: 13-1963495**

**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 DC  
Name ROBUSTO, DINO E  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title D  
Name BIDWELL, JOHN C  
Address 15 MOUNTAIN VIEW RD  
City-State-Zip: WARREN NJ 07061

Title D  
Name MORRISON, HAROLD LJR.  
Address 15 MOUNTAIN VIEW RD  
City-State-Zip: WARREN NJ 07059

Title D  
Name ARONCHICK, JOEL D  
Address 15 MOUNTANIN VIEW RD  
City-State-Zip: WARREN NJ 07059

Title VPSD  
Name BRUNDAGE, MAUREEN A  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title VPD  
Name BARNES, BRIAN W  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title PD  
Name KRUMP, PAUL J.  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title D  
Name MORRISON, HAROLD L. JR.  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

**Continues on page 2**

*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: PATRICIA TOMCZYK**

**ASSISTANT SECRETARY 01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name TUCKER, PETER J.  
Address 55 WATER ST  
City-State-Zip: NEW YORK NY 10041

Title VPD  
Name KENNEDY, JOHN J.  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title SVPCFOD  
Name SPIRO, RICHARD G.  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title ASST. SECRETARY  
Name TOMCZYK, PATRICIA  
Address ATTN: PATRICIA TOMCZYK  
15 MOUNTAIN VIEW RD., P.O. BOX 1615  
City-State-Zip: WARREN NJ 07061-1615

Title D  
Name UPDYKE, JEFFREY A.  
Address 555 LONG WHARF DRIVE  
City-State-Zip: NEW HAVEN CT 06511

Title VPD  
Name JAMES, MARK S.  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title VPTD  
Name NORDSTROM, DOUGLAS A.  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059