

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808517

**Entity Name:** WRM AMERICA INDEMNITY COMPANY, INC.

**Current Principal Place of Business:**

333 EARLE OVINGTON BOULEVARD  
SUITE 505  
UNIONDALE, NY 11553

**Current Mailing Address:**

333 EARLE OVINGTON BOULEVARD  
SUITE 505  
UNIONDALE, NY 11553 US

**FEI Number:** 56-2211262

**Certificate of Status Desired:** No

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

SECRETARY  
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:** RONA L. PLATT

03/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MINITER, LAWRENCE P  
Address 333 EARLE OVINGTON BOULEVARD  
SUITE 505  
City-State-Zip: UNIONDALE NY 11553

Title S  
Name PLATT, RONA L  
Address 333 EARLE OVINGTON BOULEVARD  
SUITE 505  
City-State-Zip: UNIONDALE NY 11553

Title T  
Name BROWN, NORMAN L JR.  
Address 333 EARLE OVINGTON BOULEVARD  
SUITE 505  
City-State-Zip: UNIONDALE NY 11553

*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:** RONA L PLATT

SECRETARY

03/12/2015

Electronic Signature of Signing Officer/Director Detail

Date