2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2015
Secretary of State
CC3637949185

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Entity Name: LANCER INDEMNITY COMPANY

Current Principal Place of Business:

370 WEST PARK AVE
LONG BEACH, NY 11561

Current Mailing Address:

PO BOX 9004
LONG BEACH, NY 11561-9004

FEI Number: 11-2510035

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DP
Name	DELANEY, DAVID PJR
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	D
Name	COCHRAN, GEORGE N
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	D
Name	BOYLE, ROBERT F
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	SVP
Name	REILLY, GAIL W.
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	D
Name	DELANEY, TIMOTHY D
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	D
Name	CARONIA, LEONARD S
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	SVP, SECRETARY
Name	PETRILLI, JOHN A.
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	DIRECTOR
Name	WALLER, JOHN J
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

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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: GAIL W. REILLY SVP 01/06/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TREASURER
Name	LIND, ALISTAIR T
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	VP
Name	ORTEGO, SHIRLEY B
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	VP
Name	TEMKIN, EDWARD M
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	VP
Name	BYRNE, MICHAEL K
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	EVP
Name	RICCI, WAYNE S
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	VP
Name	O'SULLIVAN, TIMOTHY R
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	VP
Name	MACKENZIE, ROBERT A
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	VP
Name	HARINSKI, JAMES M
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561