

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003932

Entity Name: NORTH SEA INSURANCE 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.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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	DELANEY, TIMOTHY D
Address	370 WEST PARK AVE
City-State-Zip:	LONG BEACH NY 11561

Title	D
Name	LOMBARDO, JOHN N
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	CARONIA, LEONARD S
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, SECRETARY
Name	PETRILLI, JOHN A.
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

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

01/11/2013

Electronic Signature of Signing Officer/Director Detail_____
Date