

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003932

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 DELANEY, TIMOTHY D
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

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

01/14/2016

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