

2014 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 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

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date