

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90036 010 ***150.00

40095817



04202007 Chg-P CR2E034 (12/06)

4. FEI Number
22-1964135

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
200 E. GAINES ST
TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTCD	<input type="checkbox"/> Delete
NAME	ROBERTSON, MARY JANE	
STREET ADDRESS	1 FARRAGUT PL	
CITY-ST-ZIP	MORRISTOWN, NJ 07960	
TITLE	CCEO	<input type="checkbox"/> Delete
NAME	ANTONOPHLOS, NIKOLAS	
STREET ADDRESS	12 PARKWOOD LANE	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HAMMER, DENNIS J.	
STREET ADDRESS	48 VAIL TERR	
CITY-ST-ZIP	SOMERVILLE, NJ 07946	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAUNSTEIN, JOSEPH F SR	
STREET ADDRESS	652 LESLIE LANE	
CITY-ST-ZIP	MORRISVILLE, PA 190674468	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	CHADWICK, JACK W	
STREET ADDRESS	3 COUNTRY SIDE DR.	
CITY-ST-ZIP	ROCKAWAY, NJ 07866	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	305 MADISON AVENUE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	305 MADISON AVENUE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	305 MADISON AVENUE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNSTEIN, JOSEPH F, JR	
STREET ADDRESS	305 MADISON AVENUE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	305 MADISON AVENUE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL A SOOS	
STREET ADDRESS	305 MADISON AVENUE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

973-490-6600

Daytime Phone #

ATTACHMENT
40095817
#828863

As of 3/31/07

OFFICERS & DIRECTORS

OF

THE NORTH RIVER INSURANCE COMPANY

DIRECTORS:

Nikolas Antonopoulos
Joseph Francis Braunstein, Jr.
Mary Jane Robertson

OFFICERS:

Nikolas Antonopoulos	Chairman of the Board & Chief Executive Officer
Joseph Francis Braunstein, Jr.	President
Mary Jane Robertson	Executive Vice President, Treasurer & CFO
Carl William Berntsen	Senior Vice President
Donald Ross Fischer	Senior Vice President
John Joseph French	Senior Vice President
David John Ghezzi	Senior Vice President
Dennis James Hammer	Senior Vice President & Controller
Robert George Himmer	Senior Vice President
Mary Jeanne Hughes	Senior Vice President
Paul Kush	Senior Vice President
Kim Edgar Piersol	Senior Vice President
Paul William Bassaline	Vice President
Howard DeBare	Vice President
Richard Joseph Klimaszewski	Vice President
James Vincent Kraus	Vice President
Gary Joseph McGeddy, Jr.	Vice President
Kathleen Ann McNamara	Vice President
Patricia Lee Noll	Vice President
Jack William Chadwick	Assistant Vice President
Michael Paul Kevin Ziemer	Assistant Vice President
Carol Ann Soos	Secretary
Sonia Konopi	Assistant Secretary
Frances Vasquez Trevino	Assistant Secretary

ATTACHMENT

40095817

Crum & Forster
A FAIRFAX Company

United States Fire Insurance Company
The North River Insurance Company
Crum & Forster Indemnity Company

#828863

Tax Department
305 Madison Avenue
Morristown, NJ 07962
973-490-6600

April 25, 2007

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

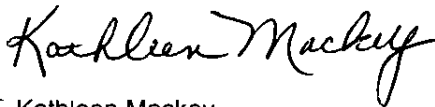
Re: 2007 For Profit Corporation
Annual Report

Dear Sir or Madam:

We have enclosed the above captioned item along with a check in the amount of \$150.00 on behalf of The North River Insurance Company, Federal Tax ID: 22-1964135.

All future correspondence concerning this report for the referenced company should be sent to my attention at the address noted above.

Sincerely,



Kathleen Mackey
Sr. Tax Accountant

Certified Mail #: 7005 0390 0001 9220 7649