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Secretary of State
03-10-2008 90059 038 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 828863

1. Entity Name
NORTH RIVER INSURANCE CO

40041637

Principal Place of Business	Mailing Address
305 MADISON AVE MORRISTOWN, NJ 07960-1943 US	305 MADISON AVE MORRISTOWN, NJ 07962-1943 US

DO NOT WRITE IN THIS SPACE

01262008 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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
NAME	ROBERTSON, MARY JANE
STREET ADDRESS	305 MADISON AVE.
CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	CCEO
NAME	~~ANTONOPOULOS, NIKOLAS~~ Libby, Douglas M.
STREET ADDRESS	305 MADISON AVE.
CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	VC
NAME	HAMMER, DENNIS J.
STREET ADDRESS	305 MADISON AVE.
CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	PD
NAME	BRAUNSTEIN, JOSEPH JR.
STREET ADDRESS	305 MADISON AVE.
CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	AVP
NAME	CHADWICK, JACK W
STREET ADDRESS	305 MADISON AVE.
CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	S
NAME	~~BOOS, CAROL A~~ Garland, Felicia
STREET ADDRESS	305 MADISON AVE.
CITY-ST-ZIP	MORRISTOWN, NJ 07962

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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: Felicia L. Garland 3/5/08 973.490.6840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #