

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828863

FILED
Apr 19, 2011
Secretary of State

Entity Name: NORTH RIVER INSURANCE CO

Current Principal Place of Business:

305 MADISON AVE
MORRISTOWN, NJ 079601943 US

New Principal Place of Business:

Current Mailing Address:

305 MADISON AVE
MORRISTOWN, NJ 079621943 US

New Mailing Address:

FEI Number: 22-1964135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
200 E. GAINES ST
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VTCD
Name: ROBERTSON, MARY JANE
Address: 305 MADISON AVE.
City-St-Zip: MORRISTOWN, NJ 07962

Title: CEOD
Name: LIBBY, DOUGLAS M
Address: 305 MADISON AVE.
City-St-Zip: MORRISTOWN, NJ 07962

Title: VD
Name: HAMMER, DENNIS J
Address: 305 MADISON AVE.
City-St-Zip: MORRISTOWN, NJ 07962

Title: V
Name: DEBARE, HOWARD
Address: 305 MADISON AVE.
City-St-Zip: MORRISTOWN, NJ 07962

Title: AVP
Name: CHADWICK, JACK W
Address: 305 MADISON AVE.
City-St-Zip: MORRISTOWN, NJ 07962

Title: VPS
Name: KRAUS, JAMES V
Address: 305 MADISON AVE.
City-St-Zip: MORRISTOWN, NJ 07962

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: JACK W. CHADWICK

AVP

04/19/2011

Electronic Signature of Signing Officer or Director

Date