## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#828863** 

Entity Name: NORTH RIVER INSURANCE CO

FILED Apr 10, 2012 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

305 MADISON AVE 305 MADISON AVE

MORRISTOWN, NJ 079601943 US MORRISTOWN, NJ 079601973 US

Current Mailing Address: New Mailing Address:

305 MADISON AVE 305 MADISON AVE

MORRISTOWN, NJ 079621943 US MORRISTOWN, NJ 079621973 US

FEI Number: 22-1964135 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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SIGNATURE:

Electronic Signature of Registered Agent

## **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: VP

Name: BASSALINE, PAUL W Address: 305 MADISON AVE. City-St-Zip: MORRISTOWN, NJ 07962

Title: \

 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 04/10/2012