

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841014

FILED
Apr 28, 2011
Secretary of State

Entity Name: SENECA INSURANCE COMPANY, INC.

Current Principal Place of Business:

160 WATER ST
16TH FLOOR
NEW YORK, NY 10038 US

New Principal Place of Business:

Current Mailing Address:

160 WATER ST
16TH FLOOR
NEW YORK, NY 10038 US

New Mailing Address:

FEI Number: 13-2941133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
CAPITOL BLDG.
TALLAHASSEE, FL 32304 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: D
Name: LIBBY, DOUGLAS M.
Address: 330 EST 72ND STREET, APT 15A
City-St-Zip: NEW YORK, NY 10023

Title: D
Name: WOLIN, MARC T
Address: 207 N HEWLETT AVENUE
City-St-Zip: MERRICK, NY

Title: V
Name: DONAHUE, FRANK
Address: 256 COLD SOIL RD
City-St-Zip: PRINCETON, NJ 08540

Title: V
Name: ABBINANTI, GABRIEL J
Address: 705 BIRCHFIELD DR STE 705
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: V
Name: FUNK, MELVIN G
Address: 14 RIVER ROAD. APT. K
City-St-Zip: NUTLEY, NJ 07110

Title: V
Name: MAIDA, VINCENT I
Address: 160 WATER STREET
City-St-Zip: NEW YORK, NY 10038

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: VINCENT MAIDA

VP

04/28/2011

Electronic Signature of Signing Officer or Director

Date