# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 14, 2011**
**Secretary of State**

DOCUMENT# F01000000266

**Entity Name:** TORUS SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

HARBORSIDE FINANCIAL CENTER
PLAZA FIVE, SUITE 2900
JERSEY CITY, NJ 07311

**New Principal Place of Business:**

**Current Mailing Address:**

HARBORSIDE FINANCIAL CENTER
PLAZA FIVE, SUITE 2900
JERSEY CITY, NJ 07311

**New Mailing Address:**

**FEI Number: 51-0335732** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: ANAND, NAVEEN
Address: HARBORSIDE FINANCIAL CTR, PLZ 5, STE 2900
City-St-Zip: JERSEY CITY, NJ 07311

Title: S
Name: ROPIECKI, GARY L
Address: HARBORSIDE FINANCIAL CTR, PLZ 5, STE 2900
City-St-Zip: JERSEY CITY, NJ 07311

Title: D
Name: CAMPBELL, IAN G
Address: HARBORSIDE FINANCIAL CTR, PLZ 5, STE 2900
City-St-Zip: JERSEY CITY, NJ 07311

Title: D
Name: TOBIN, CLIVE
Address: HARBORSIDE FINANCIAL CTR, PLZ 5, STE 2900
City-St-Zip: JERSEY CITY, NJ 07311

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: GARY L ROPIECKI S 03/14/2011

Electronic Signature of Signing Officer or Director Date