

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003932

FILED
Jan 10, 2012
Secretary of State

Entity Name: NORTH SEA INSURANCE COMPANY

Current Principal Place of Business:

370 WEST PARK AVE
LONG BEACH, NY 11561

New Principal Place of Business:

Current Mailing Address:

PO BOX 9004
LONG BEACH, NY 115619004

New Mailing Address:

FEI Number: 11-2510035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: DP
Name: DELANEY, DAVID P JR
Address: 370 WEST PARK AVE
City-St-Zip: LONG BEACH, NY 11561

Title: D
Name: DELANEY, TIMOTHY D
Address: 370 WEST PARK AVE
City-St-Zip: LONG BEACH, NY 11561

Title: D
Name: LOMBARDO, JOHN N
Address: 370 WEST PARK AVE
City-St-Zip: LONG BEACH, NY 11561

Title: D
Name: COCHRAN, GEORGE N
Address: 370 WEST PARK AVE
City-St-Zip: LONG BEACH, NY 11561

Title: D
Name: CARONIA, LEONARD S
Address: 370 WEST PARK AVE
City-St-Zip: LONG BEACH, NY 11561

Title: D
Name: BOYLE, ROBERT F
Address: 370 WEST PARK AVE
City-St-Zip: LONG BEACH, NY 11561

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: GAIL W. REILLY

SVP

01/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date