

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000995

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** ENDURANCE AMERICAN INSURANCE COMPANY

**Current Principal Place of Business:**

767 THIRD AVENUE  
5TH FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

333 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604 US

**Current Mailing Address:**

333 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604 US

**New Mailing Address:**

**FEI Number:** 03-0350908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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: P  
Name: FITZPATRICK, SEAN M  
Address: 767 THIRD AVENUE, 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10017 US

Title: DEVP  
Name: YING, MARK G  
Address: 725 S. FIGUEROA STREET, SUITE 2100  
City-St-Zip: LOS ANGELES, CA 90017 US

Title: S  
Name: LURIE, DANIEL S  
Address: 333 WESTCHESTER AVENUE  
City-St-Zip: WHITE PLAINS, NY 10604 US

Title: D  
Name: CASH, DAVID  
Address: 90 PITTS BAY ROAD  
City-St-Zip: PEMBROKE, BERMUDA, OC HM08 BM

Title: D  
Name: JEWETT, WILLIAM M  
Address: 90 PITTS BAY ROAD  
City-St-Zip: PEMBROKE, BERMUDA, OC HM08 BM

Title: D  
Name: MCGUIRE, MICHAEL J  
Address: 90 PITTS BAY ROAD  
City-St-Zip: PEMBROKE, BERMUDA, OC HM08 BM

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: LAURA HAYTMAN

AS

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date