2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-11-2004 90040 025 ***150.00

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1. Entity Name
SUECIA INSURANCE COMPANY

66403613

02232004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
25 SMITH STREET NANUET, NY 10954 US	25 SMITH STREET NANUET, NY 10954 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3031274 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PEDERSEN, ZAID FLEMINGGATAN 18 STOCKHOLM, SWEDEN,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ansehl, Robert A. 211 Whippoorwill Road Chappaqua, NY 10514	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANSEHL, ROBERT 211 WHIPPORWILL ROAD CHAPPAQUA, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Faxner, Goran Golfvagen 17 S-18257 Danderyd, SWEDEN	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOBSON, GORDON 335 W SHORE DR WYCKOFF, NJ 07481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Gottesman, Scott E. 6 Harrison Court Cortlandt Manor, NY 10567	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANDIN, AKE 321 HIGHLAND AVENUE OSSINING, NY 10562	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Howell, William 32 Briarwood Court Princeton, NJ 08540	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAHLING, E. GUNTER 49 HEMLOCK DRIVE SLEEPY HOLLOW, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mark, Arne E 56 North Main Street Essex, CT 06426	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALY, J. LEO 763 PAPE AVENUE TORONTO, ON m4k3t2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rein, Alan J. 46 Crossway Scarsdale, NY 10583	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Gottesman 2/23/04 845-624-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #