


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90057 031 \*\*\*150.00

<b>DOCUMENT # P04486</b> 1. Entity Name SUECIA INSURANCE COMPANY	
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Principal Place of Business 25 SMITH STREET NANUET, NY 10954 US	Mailing Address 25 SMITH STREET NANUET, NY 10954 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01172006 Chg-P CR2E034 (11/05)

4. FEI Number 13-3031274	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSEHL, ROBERT A 211 WHIPPOORWILL RD. CHAPPAQUA, NY 10514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Zaid Pedersen Valevagen 5B Djursholm, SWEDEN S18261 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAXNER, CORAN GOLFVAGEN 17 DANDERYD, SWEDEN, S-1827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goran Faxner Golfvagen 17 Danderyd, SWEDEN SE-18257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBSON, GORDON 335 W SHORE DR WYCKOFF, NJ 07481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Howell 32 Briarwood Court Princeton, NJ 08540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOTTESMAN, SCOTT 6 HARRISON COURT CORTLANDT MANOR, NY 10567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Scott Gottesman 6 Harrison Court Cortlandt Manor, NY 10567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHLING, E. GUNTER 49 HEMLOCK DRIVE SLEEPY HOLLOW, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Murphy 22 Dorchester Road Rockville Center, NY 11570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, J. LEO 763 PAPE AVENUE TORONTO, ON m4k3t2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alan Rein 46 Crossway Scarsdale, NY 10583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **SECRETARY, SCOTT GOTTESMAN** 1/12/06 845-624-7780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

SUECIA INSURANCE COMPANY

CORPORATION ANNUAL REPORT 2005 TO

FLORIDA DEPARTMENT OF STATE

60005589  
#P04486

## Continuation of Item 11

### Officers and Directors

Maria Rosqvist Croce	D	12 Terrace Road	Wayne, NJ 07470
Peter Mazurek	D	605 Gladys Court	Northvale, NJ 07647
Mark, Arne	D	56 North Main Street	Essex, CT 06426