

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90051 013 ***150.00

DOCUMENT # P04486

1. Entity Name
SUECIA INSURANCE COMPANY



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

Mailing Address
**25 SMITH STREET
NANUET, NY 10954 US**

40012004



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3031274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PEDERSEN, ZAID
STREET ADDRESS	VALEVAGEN 5B
CITY-ST-ZIP	DJURSHOLM, SWEDEN, s18261

TITLE	D
NAME	GORAN, FAXNER
STREET ADDRESS	GOLFBAGEN 17
CITY-ST-ZIP	DANDERYD, SWEDEN, S-1827

TITLE	D
NAME	DOBSON, GORDON
STREET ADDRESS	335 W SHORE DR
CITY-ST-ZIP	WYCKOFF, NJ 07481

TITLE	STD
NAME	GOTTESMAN, SCOTT
STREET ADDRESS	6 HARRISON COURT
CITY-ST-ZIP	CORTLANDT MANOR, NY 10567

TITLE	D
NAME	DAHLING, E. GUNTER
STREET ADDRESS	49 HEMLOCK DRIVE
CITY-ST-ZIP	SLEEPY HOLLOW, NY

TITLE	D
NAME	DALY, J. LEO
STREET ADDRESS	763 PAPE AVENUE
CITY-ST-ZIP	TORONTO, ON m4k3t2

**DO NOT WRITE
IN THIS SPACE**

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 1/21/07 845-624-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40612064
P04486

SUECIA INSURANCE COMPANY

CORPORATION ANNUAL REPORT 2006 TO

FLORIDA DEPARTMENT OF STATE

Continuation of Item 10

Officers and Directors

Maria Rosqvist Croce	D	12 Terrace Road	Wayne, NJ 07470
Peter Mazurek	D	605 Gladys Court	Northvale, NJ 07647
Josianne Leveille	D	6 Paul Court	Tappan, NY 10983
Howell, William H.	D	32 Briarwood Court	Princeton, NJ 08540
Mark, Arne Erik	D	56 North Main Street	Essex, CT 06426
Murphy, George W.	D	22 Dorchester Road	Rockville Ctr, NY 11570
Rein, Alan John	D	72 Brook Hills Circle	White Plains, NY 10605