2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04486

Entity Name: SUECIA INSURANCE COMPANY

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
25 SMITH S NANUET, N		US			
Current Mailing Address:			New Maili	New Mailing Address:	
25 SMITH S NANUET, N		US			
FEI Number:	13-3031274	FEI Number Applied For () FEI I	Number Not App	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 US					
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					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PEDERSEN, Z VALEVAGEN (Title: Name: Address: City-St-Zip:	CD (X) Change () Addition PEDERSEN, ZAID VALEVAGEN 5B DJURSHOLM, SWEDEN, XX S-18261 SW	
Title: Name: Address: City-St-Zip:	GORAN, FAXI GOLFVAGEN		Title: Name: Address: City-St-Zip:	D (X) Change () Addition GORAN, FAXNER GOLFVAGEN 17 DANDERYD, SWEDEN, XX S-18257 SW	
Title: Name: Address: City-St-Zip:	D (DOBSON, GO 14 ALPINE DF HALEDON, NJ	₹	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition DOBSON, GORDON 7606 HOGAN BRIDGE COURT SPRING, TX 77389	
Title: Name: Address: City-St-Zip:	GOTTESMAN, 6 HARRISON		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DAHLING, E. 0 49 HEMLOCK SLEEPY HOLI	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DALY, J. LEO 763 PAPE AVI TORONTO, OI	ENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition DALY, J. LEO 763 PAPE AVENUE TORONTO, ON M4K 3T2	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT GOTTESMAN S 02/02/2009