

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04486

FILED  
Feb 03, 2011  
Secretary of State

**Entity Name:** SUECIA INSURANCE COMPANY

**Current Principal Place of Business:**

25 SMITH STREET  
SUITE 305  
NANUET, NY 10954 US

**New Principal Place of Business:**

**Current Mailing Address:**

25 SMITH STREET  
SUITE 305  
NANUET, NY 10954 US

**New Mailing Address:**

**FEI Number:** 13-3031274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
PO BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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: CD  
Name: PEDERSEN, ZAID  
Address: VALEVAGEN 5B  
City-St-Zip: DJURSHOLM, SWEDEN, XX S-18261 SW

Title: D  
Name: GORAN, FAXNER  
Address: GOLFVAGEN 17  
City-St-Zip: DANDERYD, SWEDEN, XX S-18257 SW

Title: PD  
Name: DOBSON, GORDON  
Address: 7606 HOGAN BRIDGE COURT  
City-St-Zip: SPRING, TX 77389

Title: STD  
Name: GOTTESMAN, SCOTT  
Address: 6 HARRISON COURT  
City-St-Zip: CORTLANDT MANOR, NY 10567

Title: D  
Name: DAHLING, E. GUNTER  
Address: 49 HEMLOCK DRIVE  
City-St-Zip: SLEEPY HOLLOW, NY

Title: D  
Name: DALY, J. LEO  
Address: 763 PAPE AVENUE  
City-St-Zip: TORONTO, ON M4K 3T2

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: SCOTT GOTTESMAN

S

02/03/2011

Electronic Signature of Signing Officer or Director

Date