2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P10947

Entity Name: PATHFINDER INSURANCE COMPANY

Current Principal Place of Business:

6 SYLVAN WAY
PARSIPPANY, NJ 07054 US

New Principal Place of Business:

Current Mailing Address:

6 SYLVAN WAY
PARSIPPANY, NJ 07054 US

New Mailing Address:

FEI Number: 11-2810202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD
Name: NELSON, RONALD L
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: AT
Name: CALABRIA, DAVID
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: SVPS
Name: SERA, JEAN M
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: D
Name: PALLITO, PATRICIA F
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: VPD
Name: MARTINS, IZILDA P
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: T
Name: TARLOWE, ROCHELLE
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

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: JEAN M. SERA SVPS 04/18/2011

Electronic Signature of Signing Officer or Director Date