

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835058

Entity Name: MOSAIC INSURANCE COMPANY**Current Principal Place of Business:**1209 ORANGE ST
WILMINGTON, DE 19801**Current Mailing Address:**125 BROAD STREET
NEW YORK, NY 10004-1501 US**FEI Number:** 04-2482364**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :

Title	V, SECRETARY
Name	WILCHER, SUSAN B
Address	125 BROAD STREET
City-State-Zip:	NEW YORK NY 10004

Title	V
Name	PERRY, RODERICK
Address	125 BROAD STREET
City-State-Zip:	NEW YORK NY 10004

Title	PRESIDENT, CEO, DIRECTOR
Name	ENDRES, KLAUS
Address	125 BROAD STREET
City-State-Zip:	NEW YORK NY 10004-1501

Title	VP, CFO, TREASURER, DIRECTOR
Name	WOLF, ROBERT
Address	125 BROAD STREET
City-State-Zip:	NEW YORK NY 10004-1501

Title	DIRECTOR, CHAIRMAN
Name	DE LINARES, CEDRIC
Address	125 BROAD STREET
City-State-Zip:	NEW YORK NY 10004-1501

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: SUSAN WILCHERVICE PRES. &
SECRETARY

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date