

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005654

**Entity Name:** ROYAL & SUNALLIANCE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

100 WALL STREET  
SUITE 901  
NEW YORK, NY 10005

**FILED**  
**May 07, 2021**  
**Secretary of State**  
**5068071369CC**

**Current Mailing Address:**

100 WALL STREET  
SUITE 901  
NEW YORK, NY 10005 US

**FEI Number: 11-3723330**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name O'REILLY, BARBARA  
Address 20 FENCHURCH STREET  
City-State-Zip: LONDON EC3M 3AU

Title TREASURER, DIRECTOR  
Name HENDRICK, MELISSA  
Address 6701 CARMEL ROAD  
SUITE 301  
City-State-Zip: CHARLOTTE NC 28226

Title DIRECTOR  
Name WEBB, SCOTT  
Address 20 FENCHURCH STREET  
City-State-Zip: LONDON EC3M 3AU

Title DIRECTOR  
Name JONATHAN , COPE  
Address 20 FENCHURCH STREET,  
City-State-Zip: LONDON EC3M 3AU

Title DIRECTOR, PRESIDENT  
Name CROWLEY, TOM  
Address 6701 CARMEL ROAD  
SUITE 301  
City-State-Zip: CHARLOTTE NC 28226

Title VP  
Name GEORGE, DON  
Address 100 WALL STREET  
SUITE 901  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name YENDALL, STEVE  
Address 18 YORK STREET, SUITE 1800  
City-State-Zip: TORONTO ONTARIA M5J 2T8

Title SECRETARY  
Name BARCLIFT, SHEILA  
Address 6701 CARMEL ROAD  
SUITE 301  
City-State-Zip: CHARLOTTE NC 28226

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*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: MELISSA HENDRICK**

**TREASURER**

**05/07/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name CALDWELL, KESHA  
Address 100 WALL STREET  
SUITE 901  
City-State-Zip: NEW YORK NY 10005