

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003932

**FILED**  
**Jan 21, 2017**  
**Secretary of State**  
**CC3329094179**

**Entity Name:** LANCER INDEMNITY COMPANY

**Current Principal Place of Business:**

370 WEST PARK AVE  
LONG BEACH, NY 11561

**Current Mailing Address:**

PO BOX 9004  
LONG BEACH, NY 11561-9004

**FEI Number:** 11-2510035

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
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 DP  
Name DELANEY, DAVID PJR  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title D  
Name DELANEY, TIMOTHY D  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title D  
Name COCHRAN, GEORGE N  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title D  
Name CARONIA, LEONARD S  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title D  
Name BOYLE, ROBERT F  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title SVP, SECRETARY  
Name PETRILLI, JOHN A.  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title SVP  
Name REILLY, GAIL W.  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title DIRECTOR  
Name WALLER, JOHN J  
Address 370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

**Continues on page 2**

*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:** GAIL REILLY

**SVP**

**01/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           LIND, ALISTAIR T  
Address        370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title           VP  
Name           ORTEGO, SHIRLEY B  
Address        370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title           VP  
Name           TEMKIN, EDWARD M  
Address        370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title           VP  
Name           HARINSKI, JAMES M  
Address        370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title           EVP  
Name           RICCI, WAYNE S  
Address        370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title           VP  
Name           O'SULLIVAN, TIMOTHY R  
Address        370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561

Title           VP  
Name           MACKENZIE, ROBERT A  
Address        370 WEST PARK AVE  
City-State-Zip: LONG BEACH NY 11561