

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005166

Entity Name: ATRADIUS TRADE CREDIT INSURANCE, INC.**Current Principal Place of Business:**230 SCHILLING CIRCLE
SUITE 240
HUNT VALLEY, MD 21031**Current Mailing Address:**230 SCHILLING CIRCLE
SUITE 240
HUNT VALLEY, MD 21031**FEI Number: 52-1807914****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	P
Name	ARIENS, RICHARD F
Address	230 SCHILLING CIRCLE, SUITE 240
City-State-Zip:	HUNT VALLEY MD 21031

Title	VPS
Name	KNODELL, JOYCE E
Address	230 SCHILLING CIRCLE, SUITE 240
City-State-Zip:	HUNT VALLEY MD 21031

Title	D
Name	HAYMAN, III, HARRY
Address	COMMERCE BANK, 1701 ROUTE 709
City-State-Zip:	EAST CHERRY HILL NJ 08034

Title	VPD
Name	COLLINS, DOUGLAS D
Address	230 SCHILLING CIRCLE, SUITE 240
City-State-Zip:	HUNT VALLEY MD 21031

Title	VPD
Name	FELMAR, MARK S
Address	230 SCHILLING CIRCLE, SUITE 240
City-State-Zip:	HUNT VALLEY MD 21031

Title	D
Name	LEARY, NEIL A
Address	34994 ROYAL TROON CIRCLE
City-State-Zip:	DAGSBORO DE 19939

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: JOYCE ELAINE KNODELL**VICE PRESIDENT /
SECRETARY****01/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date