

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05044

Entity Name: SIRIUS AMERICA INSURANCE COMPANY**Current Principal Place of Business:**ONE LIBERTY PLAZA
18TH FLOOR
NEW YORK, NY 10006**Current Mailing Address:**ONE LIBERTY PLAZA
18TH FLOOR
NEW YORK, NY 10006**FEI Number: 13-2997499****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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	PCEO, DIRECTOR
Name	WILSON, DANIEL J
Address	ONE LIBERTY PLAZA 18TH FLOOR
City-State-Zip:	NEW YORK NY 10006

Title	CFOT, DIRECTOR
Name	SALAMONE, RALPH A
Address	ONE LIBERTY PLAZA 18TH FLOOR
City-State-Zip:	NEW YORK NY 10006

Title	SVP
Name	KUEHN, ROBERT P
Address	ONE LIBERTY PLAZA, 18TH FLOOR
City-State-Zip:	NEW YORK NY 10006

Title	SVPD
Name	PIPITONE, FAITH M
Address	ONE LIBERTY PLAZA, 18TH FLOOR
City-State-Zip:	NEW YORK NY 10006

Title	SVPD
Name	SASSO, ANTHONY A
Address	ONE LIBERTY PLAZA, 18TH FLOOR
City-State-Zip:	NEW YORK NY 10006

Title	SVPD
Name	VILLOMANN, REGINA M
Address	ONE LIBERTY PLAZA, 18TH FLOOR
City-State-Zip:	NEW YORK NY 10006

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: ROBERT P. KUEHN**SENIOR VICE PRESIDENT 01/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date