FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **801631** **(3)**

1. Corporation Name

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
(Formerly INA INSURANCE COMPANY)
(Formerly Connecticut General Fire and Casualty Ins. Comp

Principal Place of Business	Mailing Address
TWO LIBERTY PLACE/1601 CHESTNUT ST. P.O. BOX 7716 PHILADELPHIA PA 19192	TWO LIBERTY PLACE/1601 CHESTNUT ST. P.O. BOX 7716 PHILADELPHIA PA 19192

3. Date Incorporated or Qualified: **07/10/1922**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **23-1330959** CC-1016108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	REEDS, ARTHUR C. III		12 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD CT		14 CITY-ST-ZIP	
TITLE	DSV	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, RICHARD C		22 NAME	
STREET ADDRESS	1601 CHESTNUT ST.		23 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		24 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	KANE, DENNIS		32 NAME	
STREET ADDRESS	1601 CHESTNUT STREET		33 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19192		34 CITY-ST-ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	COLWELL, BARBARA D.		42 NAME	
STREET ADDRESS	195 BROADWAY		43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	
TITLE	S	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	MULLIGAN, GEORGE D		52 NAME	
STREET ADDRESS	1601 CHESTNUT ST.		53 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		54 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	ISOM, GERALD A		62 NAME	
STREET ADDRESS	1601 CHESTNUT ST.		63 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or added to the report with an address.

SIGNATURE: Gerald A Mulligan 3/19/96 761-2907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE