

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 803348 (2)

1. Corporation Name

INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business

TWO LIBERTY PLACE  
1801 CHESTNUT ST., % HARRY E HOYT  
PHILADELPHIA PA 19102-9211

Mailing Address

TWO LIBERTY PLACE  
1801 CHESTNUT ST., % HARRY E HOYT  
PHILADELPHIA PA 19102-9211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1928

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

23-0723970

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. 189.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |
|-----------------|---------------------|
| TITLE           | S                   |
| NAME            | MULLIGAN, GEORGE, D |
| STREET ADDRESS  | 1801 CHESTNUT ST    |
| CITY - ST - ZIP | PHILADELPHIA PA     |
| TITLE           | VT                  |
| NAME            | BLENDER, MARCY F.   |
| STREET ADDRESS  | 1801 CHESTNUT ST    |
| CITY - ST - ZIP | PHILADELPHIA PA     |
| TITLE           | VD                  |
| NAME            | ENGEL, JAMES D.     |
| STREET ADDRESS  | 1801 CHESTNUT ST    |
| CITY - ST - ZIP | PHILADELPHIA PA     |
| TITLE           | DC                  |
| NAME            | ISOM, GERALD A      |
| STREET ADDRESS  | 1801 CHESTNUT ST    |
| CITY - ST - ZIP | PHILADELPHIA PA     |
| TITLE           | DP                  |
| NAME            | FRANKLIN, RICHARD C |
| STREET ADDRESS  | 1801 CHESTNUT ST.   |
| CITY - ST - ZIP | PHILADELPHIA PA     |
| TITLE           | V                   |
| NAME            | ADAMS, BARRY L.     |
| STREET ADDRESS  | 1801 CHESTNUT ST    |
| CITY - ST - ZIP | PHILADELPHIA PA     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP | 19192                                                                        |
| 2.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP | 19192                                                                        |
| 3.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP | 19192                                                                        |
| 4.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP | 19192                                                                        |
| 5.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP | 19192                                                                        |
| 6.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP | 19192                                                                        |

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 110.07(9)(b), 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 on an attachment with an address.

SIGNATURE:

*George D. Mulligan* George D. Mulligan

4/13/95

(215) 761-2907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

**INSURANCE COMPANY OF NORTH AMERICA (228)**

803548

**ADDRESS:**

**TWO LIBERTY PLACE, 1601 CHESTNUT STREET  
PHILADELPHIA  
PENNSYLVANIA 19192**

**TELEPHONE:**

**(215) 761-1000**

**OWNERSHIP: INA FINANCIAL CORPORATION - 100%**

**DIRECTORS**

**HAROLD W ALBERT**

**MEMBER OF INVESTMENT COMMITTEE**

**ROBERT W BURGESS**

**MEMBER OF INVESTMENT COMMITTEE**

**JAMES D ENGEL**

**MEMBER OF EXECUTIVE COMMITTEE**

**RICHARD C FRANKLIN**

**ROBERT P IRVAN**

**GERALD A. ISOM**

**CHAIRMAN OF EXECUTIVE COMMITTEE**

**DENNIS P KANE**

**JOHN A MURPHY, JR.**

**MEMBER OF EXECUTIVE COMMITTEE**

**WILLIAM PALGUTT**

**ARTHUR C. REEDS, III**

**CHAIRMAN OF INVESTMENT COMMITTEE**

**RICHARD W WRATTEN**

**OFFICERS**

**GERALD A. ISOM**

**RICHARD C FRANKLIN**

**CHAIRMAN OF THE BOARD**

**PRESIDENT**

**CHIEF UNDERWRITING OFFICER**

**JAMES D ENGEL**

**SENIOR VICE PRESIDENT**

**H. EDWARD HANWAY**

**SENIOR VICE PRESIDENT**

**ROBERT P IRVAN**

**SENIOR VICE PRESIDENT**

**CHIEF FINANCIAL OFFICER**

**CHIEF ACTUARY**

**DENNIS P KANE**

**SENIOR VICE PRESIDENT**

**AS OF: 01/03/95**

803348

THOMAS A MC CARTHY  
KATHLEEN A. MC ENDY  
FRANCIS J MC NAMEE  
GERALD T. MEYN  
G KENT MILLER

[illegible]

INSURANCE COMPANY OF NORTH AMERICA (225)

803348

DONALD F. NIBOUAR  
JOHN D. NOLAN  
WILLIAM M. OLIVER  
L. RONALD PETERS  
JOAN T. POLLACK  
MARC L. PREMINGER  
ROBERT T. PULKA  
ERIC M. REISENWITZ  
GARY T. SCHWALERIEDT  
JAMES A. SEARS

MARGARET B. SPYERS-DURAN  
JOSEPH STAGLIANO

CHARLES W. STEWART

BENDT P. THEMSTRUP  
JOHN C. THOMSON  
BENJAMIN A. TOMB, JR.  
JEFFREY M. WEINMAN  
DAVID J. WISNIEWSKI  
GARY YEADON  
RICHARD A. YOUNG  
EDWARD D. ZACCARIA  
DAVID B. GARST

SUSAN J. LATELLA  
JOHN J. ROVITO  
SHIRLEY TAAFFE  
GEORGE D. MULLIGAN  
ILANA G. HESSING  
DAVID C. KOPP  
CARLOS F. MICKAN  
PETER J. STEINMETZ  
BRIAN W. VILLALOBOS

THE FOLLOWING ARE APPOINTED:

DAVID K. BULLARD  
JOSEPH M. CONKLIN  
JOHN M. CULLOTY  
JEAN E. FRADET  
ANTHONY J. FRANCOLINO

VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
CONTROLLER  
VICE PRESIDENT  
VICE PRESIDENT  
ASSISTANT CONTROLLER  
VICE PRESIDENT  
ACTUARY  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
ASSISTANT VICE PRESIDENT  
ASSISTANT TREASURER  
ASSISTANT VICE PRESIDENT  
ASSISTANT VICE PRESIDENT  
ASSISTANT VICE PRESIDENT  
CORPORATE SECRETARY  
ASSISTANT CORPORATE SECRETARY  
ASSISTANT CORPORATE SECRETARY  
ASSISTANT TREASURER  
ASSISTANT TREASURER  
ASSISTANT TREASURER

ASSISTANT VICE PRESIDENT  
ASSISTANT VICE PRESIDENT  
ASSISTANT VICE PRESIDENT  
ASSISTANT VICE PRESIDENT  
ASSISTANT VICE PRESIDENT  
ASSISTANT CONTROLLER

AS OF: 01/03/95



803348

KIM M SMITH  
DAVID TEN EYCK  
RICHARD F WOLFSMITH

AS OF: 01/03/95