FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **803348** **(2)**

1. Corporation Name
INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business	Mailing Address
TWO LIBERTY PLACE 1601 CHESTNUT ST., % HARRY E HOYT PHILADELPHIA PA 19192-9211	TWO LIBERTY PLACE 1601 CHESTNUT ST., % HARRY E HOYT PHILADELPHIA PA 19192-0003

3. Date Incorporated or Qualified: **07/02/1928**
3a. Date of Last Report: **03/28/1996**

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

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. 199.032, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MULLIGAN, GEORGE, D		1.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		1.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	2.1 TITLE	VT	☐ Change ☒ Addition
NAME	BLENDER, MARCY F.		2.2 NAME	Paul Bergsteinsson	
STREET ADDRESS	1601 CHESTNUT ST		2.3 STREET ADDRESS	1601 Chestnut Street	
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP	Philadelphia, PA 19192	
TITLE	SVPD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	PRUSKO, GERALDINE F.		3.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19192		3.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ISOM, GERALD A		4.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRANKLIN, RICHARD C		5.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	ADAMS, BARRY L.		6.2 NAME	Kenneth R. Garrett	
STREET ADDRESS	1601 CHESTNUT ST		6.3 STREET ADDRESS	1601 Chestnut Street	
CITY-ST-ZIP	PHILADELPHIA PA		6.4 CITY-ST-ZIP	Philadelphia, PA 19192	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kenneth R Garrett 1/9/97 215-761-1230