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Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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 19192-9211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 1601 Chestnut Street	3. Date Incorporated or Qualified 07/02/1928	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 TL21G	4. FEI Number 23-0723970	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Philadelphia, PA	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 19192 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	☐ Change ☐ Addition
NAME	BERGSTEINSSON, PAUL		2.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PRUSKO, GERALDINE F.		3.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		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	☐ Change ☐ Addition
NAME	GARRETT, KENNETH R		6.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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.