FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 10:59

DOCUMENT # **846731** **(8)**

1. Corporation Name

NORTH AMERICAN SECURITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
116 HUNTINGTON AVENUE BOSTON MA 02116 US	116 HUNTINGTON AVENUE BOSTON MA 02116 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1980**
3a. Date of Last Report: **05/17/1994**

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

4. FEI Number: **22-2265014** ☐ 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

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
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, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	MOORE, BRIAN L.	12 NAME		
STREET ADDRESS	5650 YONGE STREET	13 STREET ADDRESS		
CITY-ST-ZIP	NORTH YORK, ONTARIO	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HUTCHINSON, PETER	22 NAME		
STREET ADDRESS	5650 YONGE STREET	23 STREET ADDRESS		
CITY-ST-ZIP	NORTH YORK, ONTARIO	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	ATHERTON, WILLIAM J.	32 NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE	Vice President	☒ Change ☐ Addition
NAME	CONRAD, KENNETH HENRY	42 NAME	Scott L. Stolz	
STREET ADDRESS	116 HUNTINGTON AVENUE	43 STREET ADDRESS	116 Huntington Avenue	
CITY-ST-ZIP	BOSTON MA	44 CITY-ST-ZIP	Boston, MA 02116	
TITLE	VPS	51 TITLE	Vice President/Secretary	☒ Change ☐ Addition
NAME	DESPREZ, III J	52 NAME	James D. Gallagher	
STREET ADDRESS	116 HUNTINGTON AVENUE	53 STREET ADDRESS	116 Huntington Avenue	
CITY-ST-ZIP	BOSTON MA	54 CITY-ST-ZIP	Boston, MA 02116	
TITLE	VPT	61 TITLE		☐ Change ☐ Addition
NAME	HIRTLE, RICHARD C.	62 NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	64 CITY-ST-ZIP		

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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted with an address.

SIGNATURE: _____ 3/27/95 _____ 617/266-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393479 FP