


2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-09-2004 90008 019 ***150.00
 FILED 848713

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 848713							
1. Entity Name ALEA NORTH AMERICA INSURANCE COMPANY							
Principal Place of Business 55 CAPITAL BLVD ROCKY HILL, CT 06067 US			Mailing Address 55 CAPITAL BLVD. ROCKY HILL, CT 06067 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 06-102232			
Zip		Country		Applied For Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name CT Corporation System				
			Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road				
			City Plantation			Zip Code FL 33324	
			State FL			Zip Code 33324	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Lauren Kreatz</i>		LAUREN H. KREATZ, SPECIAL ASSISTANT SECRETARY		DATE 9-3-04			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GOLDBERG, LEONARD 45 BROADWAY NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BYLER, ROBERT D 55 CAPTIAL BLVD ROCKY HILL, CT 06067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHILONE, ROBERT C 55 CAPITAL BLVD ROCKY HILL, CT 06067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COSTELLO, KEVIN G 55 CAPITAL BLVD ROCKY HILL, CT 06067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HALSBAND, MICHAEL R 45 BROADWAY NEW YORK, NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042248674 10/27/04--01050--005 **400.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HORNE, JAMES 50 DANBURY ROAD WILTON, CT 06897 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Robert C. Chilone</i>		DATE: 9/7/04		DAYTIME PHONE #: 860-573-4187			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							