

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848713

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: ALEA NORTH AMERICA INSURANCE COMPANY

**Current Principal Place of Business:**

55 CAPITOL BLVD  
ROCKY HILL, CT 06067 US

**New Principal Place of Business:**

**Current Mailing Address:**

55 CAPITAL BLVD.  
ROCKY HILL, CT 06067 US

**New Mailing Address:**

FEI Number: 06-1022232      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: BYLER, ROBERT D  
Address: 55 CAPTIAL BLVD  
City-St-Zip: ROCKY HILL, CT 06067

Title: DV ( ) Delete  
Name: COSTELLO, KEVIN G  
Address: 55 CAPITAL BLVD  
City-St-Zip: ROCKY HILL, CT 06067

Title: DS ( ) Delete  
Name: HALSBAND, MICHAEL R  
Address: 45 BROADWAY  
City-St-Zip: NEW YORK, NY 10006

Title: DT ( ) Delete  
Name: HORNE, JAMES  
Address: 50 DANBURY ROAD  
City-St-Zip: WILTON, CT 06897

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDC (X) Change ( ) Addition  
Name: RICCIARDELLI, MARK L  
Address: 55 CAPTIAL BLVD  
City-St-Zip: ROCKY HILL, CT 06067

Title: DV (X) Change ( ) Addition  
Name: LUSK, KIRK H  
Address: 55 CAPITAL BLVD  
City-St-Zip: ROCKY HILL, CT 06067

Title: DS (X) Change ( ) Addition  
Name: SANTIROCCO, LAURA A  
Address: 55 CAPITAL BOULEVARD  
City-St-Zip: ROCKY HILL, CT 06067

Title: DT (X) Change ( ) Addition  
Name: HORNE, JAMES  
Address: 55 CAPITAL BOULEVARD  
City-St-Zip: ROCKY HILL, CT 06067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. HORNE

DT

07/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date