

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848713

FILED
Jan 17, 2011
Secretary of State

Entity Name: ALEA NORTH AMERICA INSURANCE COMPANY

Current Principal Place of Business:

55 CAPITAL 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: ROSENTHAL, JEFFREY R
Address: 55 CAPITAL BOULEVARD
City-St-Zip: ROCKY HILL, CT 06067

Title: CFO
Name: THOMAS, CRAIG M
Address: 55 CAPITAL BOULEVARD
City-St-Zip: ROCKY HILL, CT 06067

Title: SVP
Name: SPECK, CARL E
Address: 55 CAPITAL BOULEVARD
City-St-Zip: ROCKY HILL, CT 06067 US

Title: TREA
Name: WHEELER, CECIL H
Address: 55 CAPITAL BOULEVARD
City-St-Zip: ROCKY HILL, CT 06067 US

Title: SECR
Name: HANES, HOLLY B
Address: 55 CAPITAL BOULEVARD
City-St-Zip: ROCKY HILL, CT 06067 US

I hereby 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 all other like empowered.

SIGNATURE: HOLLY B. HANES

SECR

01/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date