2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90136 047 ***150.00

0614672 AT

DOCUMENT # 848713

1. Entity Name
ALEA NORTH AMERICA INSURANCE COMPANY

Principal Place of Business	Mailing Address
45 BROADWAY. 17TH FLOOR NEW YORK NY 10006 US	55 CAPITAL BLVD. ROCKY HILL CT 06067 US

2. Principal Place of Business	3. Mailing Address
55 Capital Boulevard	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Rocky Hill, CT	City & State
06067 / USA	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 06-1022232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BYLER, ROBERT D 55 CAPTIAL BLVD ROCKY HILL CT 06067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CHILONE, ROBERT C 55 CAPITAL BLVD ROCKY HILL CT 06067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV COSTELLO, KEVIN G 55 CAPITAL BLVD ROCKY HILL CT 06067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JUDD, GEORGE P 50 DANBURY ROAD WILTON CT 06897	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Halsband, Michael R. 45 Broadway New York, NY 10006 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HORNE, JAMES 50 DANBURY ROAD WILTON CT 06897	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Robert C. Chilone Robert C. Chilone Vice President 04-16-03 860.513.4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #