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: TIMOTHY RATH
PRESIDENT
04/30/2013

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108559

Entity Name: NORTH AMERICAN INSURANCE GROUP, INC.

Current Principal Place of Business:

1440 CORAL RIDGE DR. SUITE 424 CORAL SPRINGS, FL 33071

Current Mailing Address:

1440 CORAL RIDGE DR. SUITE 424 CORAL SPRINGS, FL 33071

FEI Number: 65-0968533

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

RATH, TIMOTHY L 1440 CORAL RIDGE DR SUITE 424 CORAL SPRINGS, FL 33071 US

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:

Officer/Director Detail ·

Title	PD	Title	STD
Name	RATH, TIMOTHY L	Name	RATH, SUZANNE
Address	1440 CORAL RIDGE DR SUITE 424	Address	1440 CORAL RIDGE DR SUITE 424
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071

1 US this statement for the purpose of changing its registered office or registered agent, or both, in the St

Certificate of Status Desired: No

Date

CC7767171630

FILED Apr 30, 2013

Secretary of State

Date