

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 846941

**FILED**  
**Jan 14, 2013**  
**Secretary of State**  
**CC4230195688**

**Entity Name:** THE NORTHERN ASSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

150 ROYALL STREET  
CANTON, MA 02021

**Current Mailing Address:**

150 ROYALL STREET  
CANTON, MA 02021

**FEI Number:** 04-2974375

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name MCCARTHY, VIRGINIA A  
Address 150 ROYALL STREET  
City-State-Zip: CANTON MA 02021

Title D, CFO, SR. VP  
Name MCDONOUGH, PAUL H  
Address 601 CARLSON PARKWAY  
City-State-Zip: MINNETONKA MN 55305

Title DIRECTOR, CHAIRMAN, PRESIDENT,  
CEO  
Name MILLER, TIMOTHY M  
Address 601 CARLSON PARKWAY  
City-State-Zip: MINNETONKA MN 55305

Title SR. VP  
Name HENDERSHOTT, DANA P  
Address 150 ROYALL STREET  
City-State-Zip: CANTON MA 02021

Title TREASURER  
Name TREACY, JOHN C.  
Address 601 CARLSON PARKWAY  
SUITE 600  
City-State-Zip: MINNETONKA MN 55305

*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:** VIRGINIA A. MCCARTHY

**SECRETARY**

**01/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date