

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 848713

**Entity Name:** ALEA NORTH AMERICA INSURANCE COMPANY

**Current Principal Place of Business:**

5 BATTERSON PARK ROAD  
3RD FLOOR  
FARMINGTON, CT 06032

**FILED**  
**Apr 03, 2017**  
**Secretary of State**  
**CC0660982473**

**Current Mailing Address:**

5 BATTERSON PARK ROAD  
3RD FLOOR  
FARMINGTON, CT 06032 US

**FEI Number: 06-1022232**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
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 CHAIRMAN  
Name JOHNSON, PETER D  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title SENIOR VICE PRESIDENT AND CFO  
Name PRICE, TRACEY  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title ASST SECRETARY  
Name DEAN, MARYANN B  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title DIRECTOR; COO, HEAD OF  
COMMUTATIONS & OUTWARDS  
REINSURANCE  
Name GARY, HAASE  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title CHIEF CLAIMS OFFICER, PRESIDENT  
Name EISENMANN, STEPHEN D  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title ASST SECTY  
Name LEGERE, DIANE  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title TREASURER  
Name MCBEATH, D. CAMPBELL  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title DEPUTY CHIEF INVESTMENT  
OFFICER  
Name PETER, HARNIK  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

**Continues on page 2**

*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: DIANE LEGERE**

**ASST SECRETARY**

**04/03/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title HEAD OF RISK  
Name WALKER, TIM  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title DIRECTOR  
Name LYON, KEITH  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title SENIOR VICE PRESIDENT  
Name KISSNER, LEIGH ANN  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title CHIEF INVESTMENT OFFICER  
Name MYERS, JOE  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title DIRECTOR, GENERAL COUNSEL &  
SECRETARY  
Name BANNERMAN, MARTHA  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title DIRECTOR  
Name FLEMING, CHRISTOPHER J  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032

Title VP  
Name CHRISTENSEN, DEBRA  
Address 5 BATTERSON PARK ROAD  
3RD FLOOR  
City-State-Zip: FARMINGTON CT 06032