

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848713

Entity Name: ALEA NORTH AMERICA INSURANCE COMPANY

Current Principal Place of Business:

55 CAPITAL BLVD
ROCKY HILL, CT 06067

Current Mailing Address:

55 CAPITAL BLVD
ROCKY HILL, CT 06067 US

FEI Number: 06-1022232

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 INTERIM PRESIDENT & CEO,
DIRECTOR
Name RAMPARAS, RHONDA N
Address 55 CAPTIAL BOULEVARD
City-State-Zip: ROCKY HILL CT 06067

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

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

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

Title SECR
Name CLAFLIN, SUSAN S
Address 55 CAPITAL BOULEVARD
City-State-Zip: ROCKY HILL CT 06067

Title AS
Name HANES, HOLLY B
Address 55 CAPITAL BOULEVARD
City-State-Zip: ROCKY HILL CT 06067

Title COO
Name SAWHNEY, SHEEL
Address 55 CAPITAL BLVD
City-State-Zip: ROCKY HILL CT 06067

Title CHIEF ACTUARY
Name JACOB, JEAN-CLAUDE
Address 55 CAPITAL BLVD
City-State-Zip: ROCKY HILL CT 06067

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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

**VP & ASSISTANT
SECRETARY**

03/20/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AVP
Name DEAN, MARYANN
Address 55 CAPITAL BLVD
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR
Name FINCK, GREGORY A
Address 1345 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10105

Title DIRECTOR
Name RIIS, KENNETH M
Address 1345 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10105

Title AVP
Name GUTHRIE, BARBARA
Address 55 CAPITAL BLVD
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR
Name KRIEGER, KEVIN P
Address 1345 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10105

Title DIRECTOR
Name ASHLEY, JONATHAN
Address 1345 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10105