

**2014 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  
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 CEO/DIRECTOR  
Name JOHNSON, PETER D  
Address 55 CAPITAL BOULEVARD  
City-State-Zip: ROCKY HILL CT 06067

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

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

Title DIRECTOR; SVP, GENERAL COUNSEL, HEAD OF CLAIMS & SECTY  
Name CLAFLIN, SUSAN S  
Address 55 CAPITAL BOULEVARD  
City-State-Zip: ROCKY HILL CT 06067

Title VP & ASST SECTY  
Name HANES, HOLLY B  
Address 55 CAPITAL BOULEVARD  
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR; COO  
Name GARY, HAASE  
Address 55 CAPITAL BLVD  
City-State-Zip: ROCKY HILL CT 06067

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

Title SVP  
Name HORNE, JAMES D  
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 & ASST SECTY**

**04/10/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title CHIEF INVESTMENT OFFICER  
Name PETER, HARNIK  
Address 55 CAPITAL BLVD  
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR  
Name BANNERMAN, MARTHA  
Address 55 CAPITAL BLVD  
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR  
Name LYON, KEITH  
Address 55 CAPITAL BLVD  
City-State-Zip: ROCKY HILL CT 06067

Title TREASURER  
Name MCBEATH, D. CAMPBELL  
Address 55 CAPITAL BLVD  
City-State-Zip: ROCKY HILL CT 06067

Title HEAD OF RISK  
Name WALKER, TIM  
Address 55 CAPITAL BLVD  
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR  
Name KAUER, MARTIN  
Address 55 CAPITAL BLVD  
City-State-Zip: ROCKY HILL CT 06067