

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848713

FILED
Mar 17, 2016
Secretary of State
CC5309748846

Entity Name: ALEA NORTH AMERICA INSURANCE COMPANY

Current Principal Place of Business:

CITYPLACE II, 185 ASYLUM STREET, 9TH FLOOR
HARTFORD, CT 06103

Current Mailing Address:

CITYPLACE II, 185 ASYLUM STREET, 9TH FLOOR
HARTFORD, CT 06103 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 CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title SENIOR VICE PRESIDENT AND CFO
Name PRICE, TRACEY
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR; SVP, GENERAL COUNSEL
& SECTY
Name CLAFLIN, SUSAN S
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title ASST SECRETARY
Name DEAN, MARYANN B
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR; COO, HEAD OF
COMMUTATIONS & OUTWARDS
REINSURANCE
Name GARY, HAASE
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title CHIEF CLAIMS OFFICER
Name EISENMANN, STEPHEN D
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title ASST SECTY
Name LEGERE, DIANE
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title TREASURER
Name MCBEATH, D. CAMPBELL
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

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

ASSISTANT SECRETARY 03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF INVESTMENT OFFICER
Name PETER, HARNIK
Address CITYPLACE II, 185 ASYLUM STREET, 9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR
Name BANNERMAN, MARTHA
Address CITYPLACE II, 185 ASYLUM STREET, 9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR
Name FLEMING, CHRISTOPHER J
Address CITYPLACE II, 185 ASYLUM STREET, 9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title SENIOR VICE PRESIDENT
Name KISSNER, LEIGH ANN
Address CITYPLACE II, 185 ASYLUM STREET, 9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title HEAD OF RISK
Name WALKER, TIM
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR
Name LYON, KEITH
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title PRESIDENT, CEO
Name WARE, DAWNE E
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103

Title VP
Name CHRISTENSEN, DEBRA
Address CITYPLACE II, 185 ASYLUM STREET,
9TH FLOOR
City-State-Zip: HARTFORD CT 06103