

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **846941** (3)  
1. Corporation Name  
**THE NORTHERN ASSURANCE COMPANY OF AMERICA**



Principal Place of Business

ATTN: TAX DEPARTMENT  
ONE BEACON STREET  
BOSTON MA 02108

Mailing Address

ATTN: TAX DEPARTMENT  
ONE BEACON STREET  
BOSTON MA 02108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1980

4. FEI Number

04-2974375

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, DENNIS R.	
STREET ADDRESS	ONE BEACON ST	
CITY- ST- ZIP	BOSTON MA	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	GOWDY, ROBERT C.	
STREET ADDRESS	ONE BEACON ST	
CITY- ST- ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEBER, JOHN A	
STREET ADDRESS	1 BEACON ST	
CITY- ST- ZIP	BOSTON MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PERLMAN, ROBERT S.	
STREET ADDRESS	ONE BEACON ST	
CITY- ST- ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Dennis R. Smith*

Dennis R. Smith 1/15/98 617-725-6000

CR2E034 (10/97)