


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90009 018 ***150.00

DOCUMENT # 846941 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-2974375	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, DENNIS R ONE BEACON ST BOSTON, MA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Chokel, Charles B One Beacon St. Boston, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD CAVOORES, JOHN P ONE BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Davis, Morgan W. One Beacon St. Boston, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WEBER, JOHN A 1 BEACON ST BOSTON, MA 02108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO, D Galeaz, Gregory R. One Beacon St. Boston, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ARCHIMEDES, ALEX C ONE BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Archimedes, Alex C. One Beacon St Boston, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFVD RITCHIE, JAMES J ONE BEACON ST BOSTON, MA 02108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Howard, Richard P. One Beacon St. Boston, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CORNOSE, ANDREW C ONE BEACON ST BOSTON, MA 02108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Carnase, Andrew C One Beacon St. Boston, MA 02108
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Dennis R. Smith</u> <u>1/30/04</u> <u>617-725-6000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

~~Attachment~~

846941

Officers/Directors List

VD

Singer, Roger M.
One Beacon Street
Boston, MA 02108

VD

Lerwick, Stuart N.
One Beacon Street
Boston, MA 02108

VD

Schmitt, Thomas N.
One Beacon Street
Boston, MA 02108

T

Winn, Gregory P.
One Beacon Street
Boston, MA 02108