


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90118 015 ***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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112006 Chg-P CR2E034 (11/05)

4. FEI Number 04-2974375		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

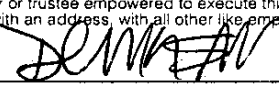
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CAVOORES, JOHN P ONE BEACON ST BOSTON, MA 02108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP T. Michael Miller One Beacon St. Boston, MA 02108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD GALEAZ, GREGORY R ONE BEACON ST BOSTON, MA 02108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Paul H. McDonough One Beacon St. Boston, MA 02108 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARCHIMEDES, ALEX C ONE BEACON ST BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWARD, RICHARD P ONE BEACON ST BOSTON, MA 02108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Brian D. Poole One Beacon St. Boston, MA 02108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMASE, ANDREW C ONE BEACON ST BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/16/06 617-725-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

2006 2436

2006 FOR PROFIT ANNUAL REPORT

The Northern Assurance Company of America

Officers/Directors – Document #846941

Title D
Name Charles B. Chokel
Street Address 370 Church Street
City-St-Zip Guilford, CT 06437

Title D
Name Mark K. Dorcus
Street Address 370 Church Street
City-St-Zip Guilford, CT 06437

Title VD
Name Thomas L. Forsyth
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title VD
Name Thomas N. Schmitt
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title VD
Name Roger M. Singer
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title V
Name Michael J. Daly
Street Address 1500 Spring Garden Street
City-St-Zip Philadelphia, PA 19130

Title V
Name Eugene C. Fazzie
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title V
Name Dana P. Hendershott
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

Title V
Name Michael R. Keane
Street Address One Constitution Way
City-St-Zip Foxboro, MA 02035

Title V
Name Michael J. McSally
Street Address One Beacon Street
City-St-Zip Boston, MA 02108

ATTACHMENT

20002436
#846941

Title	V
Name	John M. Meuschke
Street Address	17600 Burnham Ct.
City-St-Zip	Chesterfield, MO 63005

Title	V
Name	Michael F. Natan
Street Address	One Constitution Way
City-St-Zip	Foxboro, MA 02035

Title	V
Name	Donald P. Nibouar
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

Title	V
Name	Kevin J. Rehnberg
Street Address	7760 France Avenue South
City-St-Zip	Bloomington, MN 55435

Title	V
Name	Kathleen M. Taylor
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108

Title	T
Name	Frederick J. Turcotte
Street Address	One Beacon Street
City-St-Zip	Boston, MA 02108