


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90102 019 \*\*\*150.00

<b>DOCUMENT # 846941</b>	
1. Entity Name <b>THE NORTHERN ASSURANCE COMPANY OF AMERICA</b>	

Principal Place of Business <b>ATTN: TAX DEPARTMENT ONE BEACON STREET BOSTON, MA 02108</b>	Mailing Address <b>ATTN: TAX DEPARTMENT ONE BEACON STREET BOSTON, MA 02108</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number <b>04-2974375</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>S SMITH, DENNIS R ONE BEACON ST BOSTON, MA</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>DCP MILLER, M T ONE BEACON ST BOSTON, MA 02108</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>DV MCDONOUGH, PAL H ONE BEACON ST BOSTON, MA 02108</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>VD ARCHIMEDES, ALEX C ONE BEACON ST BOSTON, MA 02108</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>DV POOLE, BRIAN D ONE BEACON ST BOSTON, MA 02108</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>VD CAMASE, ANDREW C ONE BEACON ST BOSTON, MA 02108</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Miller, T M One Beacon Lane Canton MA 02021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>McDonough Paul H.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Carnase, Andrew C One Constitution Way Foxboro, MA 02035</b>	<input checked="" 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: 	<b>Dennis R. Smith</b>	Date: _____	Daytime Phone #: <b>617-725-6000</b>
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# ATTACHMENT

2007 FOR PROFIT ANNUAL REPORT

60009658

The Northern Assurance Company of America

## Officers/Directors – Document #846941

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

Title D/V/General Counsel  
Name Thomas L. Forsyth  
Street Address One Beacon St.  
City-St-Zip Boston, MA 02108

Title D/V/Chief Human Resources Officer  
Name Thomas N. Schmitt  
Street Address One Beacon Lane  
City-St-Zip Canton, MA 02021

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

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

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

Title V/CAO  
Name Dana P. Hendershott  
Street Address One Beacon Lane  
City-St-Zip Canton, MA 02021

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

ATTACHMENT  
60009658

Officers/Directors – Document #846941

Title V  
Name Michael J. McSally  
Street Address 22 Tidewater Farm Rd.  
City-St-Zip Greenland, NH 03840

Title V  
Name John M. Meuschke  
Street Address 9031 Wildlife Loop  
City-St-Zip Sarasota, FL 34238

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 Lane  
City-St-Zip Canton, MA 02021

Title V  
Name Kevin J. Rehnberg  
Street Address 601 Carlson Parkway, Suite 700  
City-St-Zip Minnetonka, MN 55305

Title V  
Name Ann Marie Andrews  
Street Address One Beacon St.  
City-St-Zip Boston, MA 02108

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