2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846941

FILED Feb 04, 2010 Secretary of State

Entity Name: THE NORTHERN ASSURANCE COMPANY OF AMERICA

Current Principal Place of Business: New Principal Place of Business:

ATTN: TAX DEPARTMENT ONE BEACON LANE ONE BEACON LANE CANTON, MA 02021

Current Mailing Address: New Mailing Address:

ATTN: TAX DEPARTMENT ONE BEACON LANE
ONE BEACON LANE
CANTON, MA 02021
CANTON, MA 02021

FEI Number: 04-2974375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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.

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SIGNATURE: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: SMITH, DENNIS R Address: ONE BEACON LANE City-St-Zip: CANTON, MA 02021

Title: DCP

Name: MILLER, TIMOTHY M Address: ONE BEACON LANE City-St-Zip: CANTON, MA 02021

Title: DV

Name: MCDONOUGH, PAUL H Address: ONE BEACON LANE City-St-Zip: CANTON, MA 02021

Title: VD

Name: ARCHIMEDES, ALEX C Address: ONE BEACON LANE City-St-Zip: CANTON, MA 02021

Title: DV

Name: POOLE, BRIAN D
Address: ONE BEACON LANE
City-St-Zip: CANTON, MA 02021

Title: VD

Name: CARNASE, ANDREW C Address: ONE BEACON LANE City-St-Zip: CANTON, MA 02021

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: DENNIS R. SMITH S 02/04/2010