

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90164 046 ***158.75

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

4. FEI Number **04-2974375**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PCD CAVOORES, JOHN P ONE BEACON ST BOSTON MA 02108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, JOHN A 1 BEACON ST BOSTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PERLMAN, ROBERT S. ONE BEACON ST BOSTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFVD RITCHIE, JAMES J ONE BEACON ST BOSTON MA 02108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAZSAUSKAS, VINCENT A ONE BEACON ST BOSTON MA	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP Davis, Morgan W. One Beacon St., Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres, COO, Director Cavooras, John P One Beacon St. Boston, MA 02108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chair, Chief Admin officer Chokel, Charles B. One Beacon St. Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP Archimedes, Alex C. One Beacon St. Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Director Singer, Roger M. One Beacon St., Boston MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP Carnase, Andrew C. One Beacon St. Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis R. Smith 3/3/03 617-725-6000

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

0040905

DOC # 846941

Officers / Directors List

Alex C. Archimedes

Sr. VP and Director

131 Morristown Rd., Basking Ridge, NY 07920

Andrew C. Carnase

Sr. VP and Director

One Beacon St., Boston, MA 02108

John P. Cavoores

President, Chief Operating Officer and Director

One Beacon St., Boston, MA 02108

Charles B. Chokel

Chairman, Chief Administrative Officer and Director

One Beacon St., Boston, MA 02108

Morgan W. Davis

Sr. VP and Director

One Beacon St., Boston, MA 02108

Richard C. Hirtle

Treasurer

One Beacon St., Boston, MA 02108

Richard P. Howard

Sr. VP and Director

370 Church St., Guilford, CT 06437

Stuart N. Lerwick

Sr. VP and Director

One Beacon St., Boston, MA 02108

James J. Ritchie

Sr. VP and Director

One Beacon St., Boston, MA 02108

Roger M. Singer

Sr. VP and Director

One Beacon St., Boston, MA 02108

Dennis R. Smith

Secretary

One Beacon St., Boston, MA 02108