

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857973

FILED
Apr 21, 2011
Secretary of State

Entity Name: INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

Current Principal Place of Business:

436 WALNUT ST
PHILADELPHIA, PA 19106 US

New Principal Place of Business:

Current Mailing Address:

436 WALNUT ST
PHILADELPHIA, PA 19106 US

New Mailing Address:

FEI Number: 06-1016108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LUPICA, JOHN J
Address: 436 WALNUT ST
City-St-Zip: PHILADELPHIA, PA 19106 US

Title: C
Name: DOWD, BRIAN E
Address: 436 WALNUT ST
City-St-Zip: PHILADELPHIA, PA 19106 US

Title: DEVP
Name: CURCIO, WILLIAM N
Address: 1133 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 US

Title: DEVP
Name: ENGLISH, JAMES M
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106 US

Title: S
Name: GIGANTI, CARMINE A
Address: 436 WALNUT ST
City-St-Zip: PHILADELPHIA, PA 19106

Title: AS
Name: CALLIHAN, JUDITH M
Address: 436 WALNUT ST
City-St-Zip: PHILADELPHIA, PA 19106 US

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: CARMINE A. GIGANTI

S

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date