


2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-09-2004 90008 018 ***150:00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000266					
1. Entity Name ALEA NORTH AMERICA SPECIALTY INSURANCE COMPANY					
Principal Place of Business 55 CAPITAL BLVD. ROCKY HILL, CT 06067			Mailing Address 55 CAPITAL BLVD. ROCKY HILL, CT 06067		
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 51-0335732	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANFORD, PAUL ROGERS, TOWERS, BAILY & GAY 106 SOUTH MONROE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd City Plantation FL Zip Code 33324		
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 <u><i>Lauren H. Kreatz</i></u> LAUREN H. KREATZ, Special Assistant Secretary (NOTE: Registered Agent signature required when reinstating) DATE 9-3-04					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	PCD GOLDBERG, LEONARD R 45 BROADWAY, 17TH FLOOR NEW YORK, NY 10006 <input checked="" 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	DV BYLER, ROBERT D 55 CAPITAL BLVD. ROCKY HILL, CT 06067 <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	DV HAYES, MICHAEL H 50 DANBURY ROAD, SUITE 102 WILTON, CT 06897 <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	DVS HALSBAND, MICHAEL R 45 BROADWAY, 17TH FLOOR NEW YORK, NY 10006 <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	DVT HORNE, JAMES D 50 DANBURY ROAD, SUITE 102 WILTON, CT 06897 <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	V CHILONE, ROBERT C 55 CAPITAL BLVD. ROCKY HILL, CT 06067 <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 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: <u><i>Robert C. Chilone</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9/7/04 860-513-4187 Date Daytime Phone			



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