


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90003 022 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # F01000000266</b>  |  |
| 1. Entity Name<br><b>ALEA NORTH AMERICA SPECIALTY INSURANCE COMPANY</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>55 CAPITAL BLVD.<br/>ROCKY HILL, CT 06067</b> | Mailing Address<br><b>55 CAPITAL BLVD.<br/>ROCKY HILL, CT 06067</b> |
|---|---|

**50060129**



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

06302005 Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>51-0335732</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

|  |
|--|
| 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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>BYLER, ROBERT D<br>55 CAPITAL BLVD.<br>ROCKY HILL, CT 06067 <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HAYES, MICHAEL H<br>50 DANBURY ROAD, SUITE 102<br>WILTON, CT 06897 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>HALSBAND, MICHAEL R<br>45 BROADWAY, 17TH FLOOR<br>NEW YORK, NY 10006 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVT<br>HORNE, JAMES D<br>50 DANBURY ROAD, SUITE 102<br>WILTON, CT 06897 <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>CHILONE, ROBERT C<br>55 CAPITAL BLVD.<br>ROCKY HILL, CT 06067 <input checked="" type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD/C<br>Mark L. Ricciardelli<br>55 Capital Blvd.<br>Rocky Hill, CT 06067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/D<br>Gary C. Prestia<br>50 Danbury Road, Suite 102<br>Wilton, CT 06897 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>James W. Webb<br>55 Capital Blvd.<br>Rocky Hill, CT 06067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 life empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael K. Halsband*

*7.22.05*

Date

*203.563.6004*

Daytime Phone #

# ATTACHMENT

Attachment to 2005 Florida Annual Report

FB 1000000266

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## Alea North America Specialty Insurance Company

Directors and Officers in addition to those listed on Florida Annual Report

V

James W. Cahill, Jr.  
55 Capital Blvd  
Rocky Hill, CT 06067

V

Kirk Lusk  
55 Capital Blvd  
Rocky Hill, CT 06067

V

Elizabeth A. Sander  
50 Danbury Road, Suite 102  
Wilton, CT 06897

V

Vance N. Sawamura  
55 Capital Blvd  
Rocky Hill, CT 06067

V

Laura A. Santirocco  
55 Capital Blvd  
Rocky Hill, CT 06067

V

Kevin G. Costello  
55 Capital Blvd.  
Rocky Hill, CT 06067

V

Gerald S. King  
50 Danbury Road, Suite 102  
Wilton, CT 06897

V

James Roberts  
50 Danbury Road, Suite 102  
Wilton, CT 06897

V

Daniel C. Anelante  
50 Danbury Road, Suite 102  
Wilton, CT 06897

ATTACHMENT

FO1600000266

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**Attachment to 2005 Florida Annual Report**  
**Alea North America Specialty Insurance Company**  
Cont'd

V

Elissa Biegen  
50 Danbury Road, Suite 102  
Wilton, CT 06897

V

John J. Cuff  
50 Danbury Road, Suite 102  
Wilton, CT 06897

V/T

Daniel Gregor  
55 Capital Blvd  
Rocky Hill, CT 06067

V

William McGovern  
55 Capital Blvd  
Rocky Hill, CT 06067

V/T

Laurie Montanaro  
55 Capital Blvd  
Rocky Hill, CT 06067

V

Michael C. Ryan  
55 Capital Blvd  
Rocky Hill, CT 06067