

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90064 046 ***150.00

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|--|---|--|---|--|--|
| 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 - No P.O. Box # 1209 Orange Street Suite, Apt. #, etc. | | 3. Mailing Address 88 Pine Street Suite, Apt. #, etc. 16th Floor City & State New York, NY Zip 10005 Country USA | | | |
| City & State Wilmington, DE Zip 19801 Country USA | | 4. FEI Number 51-0335732 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 07062007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC RICCIARDELLI, MARK L 55 CAPITAL BLVD. ROCKY HILL, CT 06067 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Timothy Kenny 88 Pine Street, 16th Floor New York, NY 10005 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV WEIDMAN, THOMAS A 55 CAPITAL BOULEVARD ROCKY HILL, CT 06067 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Christopher Fish 88 Pine Street, 16th Floor New York, NY 10005 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS SANTIROCCO, LAURA A 55 CAPITAL BOULEVARD ROCKY HILL, CT 06071 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jane Fiore 88 Pine Street, 16th Floor New York, NY 10005 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT HORNE, JAMES D 55 CAPITAL BOULEVARD ROCKY, CT 06067 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Peter Maloney 88 Pine Street, 16th Floor New York, NY 10005 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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 | | <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 exemptions contained in Chapter 119, 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 of it, duly 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: | | | 7/6/2007 ²¹² 844-7555 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |