

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90135 002 ***150.00

DOCUMENT # F01000000266

1. Entity Name
ALEA NORTH AMERICA REINSURANCE COMPANY



Principal Place of Business
**50 DANBURY ROAD
SUITE 102
WILTON CT 06897**

Mailing Address
**50 DANBURY ROAD
SUITE 102
WILTON CT 06897**

2. Principal Place of Business
55 Capital Boulevard
Suite, Apt. #, etc.

3. Mailing Address
55 Capital Boulevard
Suite, Apt. #, etc.

City & State
Rocky Hill, CT
Zip
06067
Country
USA

City & State
Rocky Hill, CT
Zip
06067
Country
USA

4. FEI Number **51-0335732**

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

**SANFORD, PAUL
ROGERS, TOWERS, BAILY & GAY
106 SOUTH MONROE
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PURKISS, DENNIS W 101 MERRITT 7, 2ND FLOOR NORWALK CT 06851 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JAMES R 101 MERRITT 7, 2ND FLOOR NORWALK CT 06851 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANELANTE, DANIEL C 101 MERRITT 7, 2ND FLOOR NORWALK CT 06851 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUDD, GEORGE P 101 MERRITT 7, 2ND FLOOR NORWALK CT 06851 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORNE, JAMES D 101 MERRITT 7, 2ND FLOOR NORWALK CT 06851 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D Goldberg, Leonard R. 45 Broadway, 17th Floor New York, New York 10006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Byler, Robert D. 55 Capital Boulevard Rocky Hill, Connecticut 06067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Hayes, Michael H. 50 Danbury Road, Suite 102 Wilton, Connecticut 06897 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S Halsband, Michael R. 45 Broadway, 17th Floor New York, New York 10006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T Horne, James D. 50 Danbury Road, Suite 102 Wilton, Connecticut 06897 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chilone, Robert C. 55 Capital Boulevard Rocky Hill, Connecticut 06067 <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.

Robert C. Chilone

SIGNATURE: **Robert C. Chilone** **REQUIRED** Vice President 04-16-03 860.513.4187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0615091 AT

CR2E034 (10/02)