

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H42174

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** UNION INSURANCE OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

1580 SAWGRASS CORPORATE PARKWAY  
140  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

2549 SANCTUARY DR.  
WESTON, FL 33327 US

**Current Mailing Address:**

2549 SANCTUARY DR  
WESTON, FL 33327 US

**New Mailing Address:**

2549 SANCTUARY DR.  
WESTON, FL 33327 US

**FEI Number:** 59-2788092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATLIN, ANDREW H  
1580 SAWGRASS CORPORATE PARKWAY  
140  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

KATLIN, ANDREW H  
2549 SANCTUARY DR.  
WESTON, FL 33327 US

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:

02/16/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSDT  
Name: KATLIN, ANDREW H  
Address: 2549 SANCTUARY DR.  
City-St-Zip: WESTON, FL 33327 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: ANDREW H. KATLIN

PRES

02/16/2010

Electronic Signature of Signing Officer or Director

Date