FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00143** **(8)**

1. Corporation Name

NORTH AMERICAN SPECIALTY INSURANCE COMPANY INCOR PORATED

Principal Place of Business

650 ELM STREET, 6TH FLOOR
MANCHESTER NH 03101-2524
US

Mailing Address

650 ELM STREET, 6TH FLOOR
MANCHESTER NH 03101-2524
US

3. Date Incorporated or Qualified: **12/06/1983**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **02-0311919** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Signature of Officer or Director / Registered Agent Signature if Registered Agent Listed DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	THOMPSON, NORMAN DAVID	
STREET ADDRESS	47 KETTLE CREEK ROAD	
CITY, ST, ZIP	WESTOR CT	
TITLE	PD	☒ DELETE
NAME	KERR, GILBERT B	
STREET ADDRESS	82 TOWN FARM ROAD	
CITY, ST, ZIP	CHESTER NH	
TITLE	VT	☒ DELETE
NAME	ZIULEK, RICHARD S JR	
STREET ADDRESS	62 QUINCY DR	
CITY, ST, ZIP	BEDFORD NH	
TITLE	V	☒ DELETE
NAME	MAHONEY, BRIAN E	
STREET ADDRESS	24 GODEN ST	
CITY, ST, ZIP	BELMONT MA	
TITLE	AVP	☐ DELETE
NAME	STYS, EDWARD D	
STREET ADDRESS	21 WIMBLEDON HEIGHTS	
CITY, ST, ZIP	HOOKSETT NH	
TITLE	AVP	☐ DELETE
NAME	ST. GEORGE, CLIFFORD D	
STREET ADDRESS	100 SHERWOOD FOREST	
CITY, ST, ZIP	WEARE NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	P	☐ Change ☒ Addition
2.2 NAME	James Philip Slattery	
2.3 STREET ADDRESS	736 Valley Rd	
2.4 CITY, ST, ZIP	New Canaan, CT 06840	
3.1 TITLE	VT	☐ Change ☒ Addition
3.2 NAME	Robert Michael Solitro	
3.3 STREET ADDRESS	707 Northbrook Dr	
3.4 CITY, ST, ZIP	Manchester NH 03104	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	Alfred William Bodi	
4.3 STREET ADDRESS	27 Fogg Court	
4.4 CITY, ST, ZIP	Manchester NH 03104	
5.1 TITLE	V	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2-5-96 — Daytime Phone #: 603-644-0600

CR2E034 (12/95)