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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
650 ELM STREET, 6TH FLOOR MANCHESTER NH 03101-2524 US	650 ELM STREET, 6TH FLOOR MANCHESTER NH 03101-2596 US

3. Date Incorporated or Qualified: 12/06/1983
3a. Date of Last Report: 02/14/1996
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	C	☐ Change ☒ Addition
NAME	THOMPSON, NORMAN DAVID		1.2 NAME	Heidi Elisabeth Hutter	
STREET ADDRESS	47 KETTLE CREEK ROAD		1.3 STREET ADDRESS	144 Columbus Ave	
CITY-ST-ZIP	WESTOR CT		1.4 CITY-ST-ZIP	New York NY 10017	
TITLE	P	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SLATTRY, JAMES PHILIP		2.2 NAME		
STREET ADDRESS	736 VLLEY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	SOLITRO, ROBERT MICHAEL		3.2 NAME	Solitro, Robert Michael	
STREET ADDRESS	707 NORTHBROOK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER NH		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BODI, ALFRED WILLIAM		4.2 NAME		
STREET ADDRESS	27 FOGG COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER NH		4.4 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	5.1 TITLE	VP/T	☒ Change ☐ Addition
NAME	STYS, EDWARD D		5.2 NAME	Stys, Edward D	
STREET ADDRESS	21 WIMBLEDON HEIGHTS		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOOKSETT NH		5.4 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	6.1 TITLE	VP	☒ Change ☐ Addition
NAME	ST. GEORGE, CLIFFORD D		6.2 NAME	St. George, Clifford D.	
STREET ADDRESS	100 SHERWOOD FOREST		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEARE NH		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: S Stys Vice President Edward D. Stys 4/25/97 (603) 644-6600