## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(8)

NORTH AMERICAN SPECIALTY INSURANCE COMPANY INCOR

**FILED** May 15 1998 8:00am Secretary of State

PORAT	red (Ted				
Principal Pia	ce of Business	Mailing Address		- 4 LODINDAL BIT ONEIT BEIDT EIGET OTDOR EEUR GINGLE AN	DEL BIBIT BIBIT DIBIT DIBIT IDDI
650 ELM STREET. 6TH FLOOR MANCHESTER NH 03101-2524 US		650 ELM STREET. 6TH	FLOOR		
		MANCHESTER NH 03101	1-2524		
08		US		DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
				12/06/1983	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Culta Ant	H ata	26		02-0311919	Not Applicable
Suite, Apt	. #, ΘCC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	lle .	City & State		A 51 11 00 11 11 11 11 11 11 11 11 11 11 11	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	7 <sub>ID</sub>	Country	B. This corporation owes or has paid the continuous and the continuous area.	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Ves □ No
=-1	9. Name and Address of Curre	ent Registered Agent	1001	10. Name and Address of New Registere	
IN	SURANCE COMMISSIONER		81 Namo		
TH	ie Capital		82 Street Addre	cos (D.C. Doy M. Imbar is Not Assertable)	
TA	LLAHASSEE FL 32301		Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		<del></del> ·
*			84 City		
			84 City	F	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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
_	am l <b>a</b> miliar with, and accept the oblig	gations of, acction 607,0505, Fi	iorida Statutes.		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO	TE Registered Agent signature require	ed when reinslating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	C	DELETE	1.1 TITLE		Change Addition
NAME	HATTER, HEIDI ELISABET		1.2 NAME	id. Elisabeth Hutter	
STREET ADDRESS	144 COLUMBUS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE Se	cretary	Change K Addition
NAME	SOLITRO, ROBERT MICHAEL	•	22 NAME Part	caretary trick Joseph O'Brien	
STREET ADDRESS	707 NORTHBROOK DRIVE		2 3 STREET ADDRESS	•	
CITY-ST-ZIP	MANCHESTER NH		2. 4 CITY - ST - ZIP		
TITLE	BODI ALEBED MILLIANS	☐ DELETE	3.1 TITLE		
NAME	BODI, ALFRED WILLIAM				☐ Change ☑ Addition
STREET ADDRESS	I AT FORK COURT		3.2 NAME 61	useppa Franco hefera	☐ Change ☑ Addition
CITY-ST-ZIP	27 FOGG COURT		3.2 NAME  3.3 STREET ADDRESS  13	useppa Franco hefera s middlesou Rd	☐ Change ☑ Addition
	MANCHESTER NH		3.4. CITY-ST-ZIP	useppe Franco hefera s middleson Rd heriman NH 03054	
TITLE	MANCHESTER NH	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	eccimal NH 03054	☐ Change ☑ Addition ☐ Change ☑ Addition
NAME	MANCHESTER NH VPT STYS, EDWARD D	DELETE	4.1 TITLE V 4.2 NAME RIGHT	eccimal NH 03054	
NAME STREET ADDRESS	MANCHESTER NH VPT STYS, EDWARD D 21 WIMBLEDON HEIGHTS	DELETE	3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.9	hard Hichael McLwnon  11 Cwrier Dr	
NAME STREET ADDRESS CITY-ST-ZIP	MANCHESTER NH VPT STYS, EDWARD D 21 WIMBLEDON HEIGHTS HOOKSETT NH	_	3.4 CHY-ST-ZIP 4.1 HILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP  M	hard Hichael McLornon	☐ Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANCHESTER NH VPT STYS, EDWARD D 21 WIMBLEDON HEIGHTS HOOKSETT NH VP	DELETE DELETE	3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THE	hard Hichael McLwnon  11 Cwrier Dr	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANCHESTER NH VPT STYS, EDWARD D 21 WIMBLEDON HEIGHTS HOOKSETT NH VP ST. GEORGE, CLIFFORD D	_	3.4 CIPY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CIPY-ST-ZIP 5.1 TITLE 5.2 NAME	hard Hichael McLwnon  11 Cwrier Dr	☐ Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANCHESTER NH VPT STYS, EDWARD D 21 WIMBLEDON HEIGHTS HOOKSETT NH VP ST. GEORGE, CLIFFORD D 100 SHERWOOD FOREST	_	3.4. CHY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	hard Hichael McLwnon  11 Cwrier Dr	☐ Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANCHESTER NH VPT STYS, EDWARD D 21 WIMBLEDON HEIGHTS HOOKSETT NH VP ST. GEORGE, CLIFFORD D	<b>⊠</b> DELETE	3.4. CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP	hard Hichael McLwnon  11 Cwrier Dr	☐ Change ☑ Addition ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANCHESTER NH VPT STYS, EDWARD D 21 WIMBLEDON HEIGHTS HOOKSETT NH VP ST. GEORGE, CLIFFORD D 100 SHERWOOD FOREST	_	3.4. CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 THLE	hard Hichael McLwnon  11 Cwrier Dr	☐ Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANCHESTER NH VPT STYS, EDWARD D 21 WIMBLEDON HEIGHTS HOOKSETT NH VP ST. GEORGE, CLIFFORD D 100 SHERWOOD FOREST	<b>⊠</b> DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	hard Hichael McLwnon  11 Cwrier Dr	☐ Change ☑ Addition ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANCHESTER NH VPT STYS, EDWARD D 21 WIMBLEDON HEIGHTS HOOKSETT NH VP ST. GEORGE, CLIFFORD D 100 SHERWOOD FOREST	<b>⊠</b> DELETE	3.4. CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 THLE	hard Hichael McLwnon  11 Cwrier Dr	☐ Change ☑ Addition ☐ Change ☐ Addition

14. 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 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 13 if chapted, or on an attachment with an address.