

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90110 005 ***150.00

DOCUMENT # **P00143**

1. Corporation Name

NORTH AMERICAN SPECIALTY INSURANCE COMPANY INCORPORATED

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1983

4. FEI Number

02-0311919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **HUTTER, HEIDI E**
CITY-ST-ZIP **144 COLUMBUS AVE**
NEW YORK NY

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **150 Columbus Ave**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **O'BRIEN, PATRICK J**
CITY-ST-ZIP **707 NORTHBROOK DRIVE**
MANCHESTER NH

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **BODI, ALFRED WILLIAM**
CITY-ST-ZIP **27 FOGG COURT**
MANCHESTER NH

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VPT**
STREET ADDRESS **STYS, EDWARD D**
CITY-ST-ZIP **21 WIMBLEDON HEIGHTS**
HOOKSETT NH

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VP T**
4.3 STREET ADDRESS **Gibson Daniel G**
4.4 CITY-ST-ZIP **77 Barnard Hill Road**
Weare, NH

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **GIUSEPPE, FRANCO L**
CITY-ST-ZIP **135 MIDDLES AU RD**
MERRIMACK NH 03054

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **MCLARNON, RICHARD M**
CITY-ST-ZIP **497 CURRIER DR**
MANCHESTER NH 03104

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **121 Milford Street**
6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Edward Stys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (603) 644-6600

Date

Daytime Phone #

CR2E034 (11/98)