

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00143

1. Entity Name

NORTH AMERICAN SPECIALTY INSURANCE COMPANY INCOR

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HUTTER, HEIDI E 150 COLUMBUS AVE NEW YORK NY	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BRIEN, PATRICK J 707 NORTHBROOK DRIVE MANCHESTER NH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BODI, ALFRED WILLIAM 27 FOGG COURT MANCHESTER NH	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STYS, EDWARD D 77 BARNARD HILL ROAD WEARE NH	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIUSEPPE, FRANCO L 135 MIDDLES AU RD MERRIMACK NH 03054	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLARNON, RICHARD M 121 MILFORD STREET MANCHESTER NH 03104	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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See Attached Listing

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

603-644-6600

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90125 035 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0311919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0595255

D
Deirdre Healy Littlefield
Address: 1199 Park Avenue
New York, NY 10017

Attachments

D
Norman David Thompson
Address: 47 Kettle Creek Rd.
Weston, CT 06883

D
Darrius Gene Baker
Address: 1 Treetop Lane
Pleasantville, NY 10570

D
John Gattman Gantz, Jr
Address: 34 Langhorne Lane
Greenwich, CT 06831

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