

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90448 006 ***150.00

60031471



DOCUMENT # P00143 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 02-0311919			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SOLITRO, ROBERT M 75 MCLANE LANE MANCHESTER, NH 03104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TVP STYS, EDWARD D 21 WIMBLETON HEIGHTS HOOKSETT, NH 03106 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HARRIGAN, PATRICIA 175 KING ST. ARMONK, NY 10504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP WOODHULL, MAURY T 59 POWDER HILL RD. BEDFORD, NH 03110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>See attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V GIUSEPPE, FRANCO L 11 BILLS WAY BEDFORD, NH 03110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V OPINANTE, PETER EDWARD 15 BEAR MOUNTAIN ROAD NEW FAIRFIELD, CT 06812 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-27-06 Date		
			603-644-6601 Daytime Phone #		



ATTACHMENT
~~60031471~~
#P00143

Center of New Hampshire
650 Elm Street
Manchester, NH 03101
(603) 644-6600

TRANSMITTAL

DATE: 4/27/2006

TO: FL - Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 323021500

Enclosed please find the filing(s) referenced below for:

Company: North American Specialty Insurance Company
FEIN#: 02-0311919
NAIC#: 29874

Filing(s)

2006 For Profit Corp Annual Report
Check Enclosed - \$ 150.00

We trust you will find all in order. Please direct all inquiries regarding this transmittal to the attention of Susan Hogan, Accounting Department, at the above address.

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

ATTACHMENT

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President/Director
Robert Michael Solitro,
President & Chief Operating Officer
Address: 75 McLane Lane
Manchester, NH 03104

Treasurer/Vice President
Edward Dominic Stys
Vice President & Treasurer
Address: 21 Wimbledon Heights
Hooksett, NH 03106

Secretary
Patricia Harrigan
Address: 175 King St.
Armonk, NY 10504

Vice President/Director
Steven Paul Anderson
Vice President
Address: 1N 463 Bardmour Lane
Winfield, IL

Vice President
Alfred William Bodi
Sr. Vice President
Address: 20 Buckingham Way
Bedford, NH 03110

Vice President
James Andrew Carpenter
Vice President
Address: 840 Mobile Court
Naperville, IL

Vice President
Maryse Rose Charbonneau
Vice President
Address: 5 Misty Lane
Hooksett, NH

Vice President/Director
Micheal Joseph Dejoy
Vice President
Address: 309 E. 49th Street
New York, NY 10017

Vice President
David Layman
Vice President
Address: 2 S 720 White Birch Lane
Wheaton, IL

Vice President
Giuseppe Franco Le Pera
Vice President
Address: 11 Bills Way
Bedford, NH

Vice President
Peter Edward Opinante
Address: 15 Bear Mountain Rd.
New Fairfield, CT 06812

Vice President\Director
Barry Stopler
Vice President
Address: 83 Summit Place
Pleasantville, NY

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Vice President
Maury Townsend Woodhull
Sr. Vice President
Address: 59 Powder Hill Rd
Bedford, NH 03110

Director
Thomas Forsyth
Address: 13 Fox Run Road
Wilton, CT

Director
Mark Peter Lescault
Address: 17 Sleepy Hollow Road
Sandy Hook, CT 06482

Director
Paul Anthony Licausi
Address: 50 Wildwood Rd.
Stamford, NY 06903