

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00143

FILED
Apr 08, 2009
Secretary of State

Entity Name: NORTH AMERICAN SPECIALTY INSURANCE COMPANY INCORPORATED

Current Principal Place of Business:

650 ELM STREET, 6TH FLOOR
MANCHESTER, NH 031012524 US

New Principal Place of Business:

Current Mailing Address:

650 ELM STREET, 6TH FLOOR
MANCHESTER, NH 031012524 US

New Mailing Address:

FEI Number: 02-0311919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOLITRO, ROBERT M
Address: 75 MCLANE LANE
City-St-Zip: MANCHESTER, NH 03104

Title: TVP () Delete
Name: STYS, EDWARD D
Address: 21 WIMBLETON HEIGHTS
City-St-Zip: HOOKSETT, NH 03106

Title: S () Delete
Name: THOMPSON, ANN E
Address: 6845 BROOKSIDE
City-St-Zip: KANSAS CITY, MO 64113

Title: V () Delete
Name: WOODHULL, MAURY T
Address: 59 POWDER HILL RD.
City-St-Zip: BEDFORD, NH 03110

Title: V () Delete
Name: GIUSEPPE, FRANCO L
Address: 11 BILLS WAY
City-St-Zip: BEDFORD, NH 03110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD D. STYS

VT

04/08/2009

Electronic Signature of Signing Officer or Director

Date