2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2012
Secretary of State

DOCUMENT# P00143

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

OFFICERS AND DIRECTORS:

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

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

Title: S
Name: KENNY, ELISSA B
Address: 79 PARK LANE
City-St-Zip: WEST HARRISON, NY 10604

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

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

I hereby 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 all other like empowered.

SIGNATURE: EDWARD D. STYS VP 02/11/2012

Electronic Signature of Signing Officer or Director — Date