2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P29209

Entity Name: NORTH AMERICAN ELITE INSURANCE COMPANY

Current Principal Place of Business:

650 ELM STREET
MANCHESTER, NH 031012524

New Principal Place of Business:

Current Mailing Address:

650 ELM STREET
MANCHESTER, NH 031012524

New Mailing Address:

FEI Number: 13-3440360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: V ( ) Delete
Name: WOODHULL, MAURY T
Address: 59 POWDER HILL RD.
City-St-Zip: BEDFORD, NH 03104

Title: V ( ) Delete
Name: LEPERA, GIUSEPPE F
Address: 135 MIDDLESEX ROAD
City-St-Zip: MERRIMACK, NH 03043

Title: S ( ) Delete
Name: THOMPSON, ANN E
Address: 6845 BROOKSIDE
City-St-Zip: KANSAS CITY, MO 03110

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

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

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 V 04/08/2009

Electronic Signature of Signing Officer or Director — Date