

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857973

Entity Name: INDEMNITY INSURANCE COMPANY OF NORTH AMERICA**Current Principal Place of Business:**436 WALNUT ST
PHILADELPHIA, PA 19106**Current Mailing Address:**436 WALNUT ST
PHILADELPHIA, PA 19106 US**FEI Number: 06-1016108****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title	DP
Name	LUPICA, JOHN J
Address	436 WALNUT ST
City-State-Zip:	PHILADELPHIA PA 19106

Title	DEVP
Name	FISHER, JOSEPH F
Address	436 WALNUT ST
City-State-Zip:	PHILADELPHIA PA 19106

Title	DEVP
Name	MALENO, CHRISTOPHER A
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

Title	DEVP
Name	ENGLISH, JAMES M
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

Title	VP, ASST. SECRETARY
Name	GIGANTI, CARMINE A
Address	436 WALNUT ST
City-State-Zip:	PHILADELPHIA PA 19106

Title	AS
Name	CALLIHAN, JUDITH M
Address	436 WALNUT ST
City-State-Zip:	PHILADELPHIA PA 19106

Title	SECRETARY
Name	COLLINS, REBECCA L
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

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: CARMINE A. GIGANTI**ASST SECRETARY****04/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date