2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2019
Secretary of State
0645969861CC

DOCUMENT# P00143

Entity Name: NORTH AMERICAN SPECIALTY INSURANCE COMPANY INCORPORATED

Current Principal Place of Business:

900 ELM STREET
MANCHESTER, NH 03101

Current Mailing Address:

1200 MAIN STREET SUITE 800
KANSAS CITY, MO 64105 US

FEI Number: 02-0311919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
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	CHAIRMAN
Name	SOLITRO, ROBERT M
Address	1200 MAIN STREET SUITE 800
City-State-Zip:	KANSAS CITY MO 64105

Title	VP & APPOINTED ACTUARY
Name	LEPERA, GIUSEPPE F
Address	1200 MAIN STREET SUITE 800
City-State-Zip:	KANSAS CITY MO 64105

Title	DIRECTOR
Name	O'SULLIVAN, SHARON
Address	175 KING STREET
City-State-Zip:	ARMONK NY 10504

Title	DIRECTOR
Name	BOUTEILLE, SYLVAIN
Address	1301 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10019

Title	SECRETARY & SENIOR VICE PRESIDENT
Name	KENNY, ELISSA B
Address	175 KING STREET
City-State-Zip:	ARMONK NY 10504

Title	CEO, AND PRESIDENT
Name	GONZALEZ, IVAN
Address	1301 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10019

Title	CFO
Name	MALONE, DERYCK
Address	1200 MAIN STREET SUITE 800
City-State-Zip:	KANSAS CITY MO 64105

Title	DIRECTOR
Name	MCINERNEY, ELIZABETH
Address	175 KING STREET
City-State-Zip:	ARMONK NY 10504

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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: DERYCK MALONE — CHIEF FINANCIAL OFFICER — 06/17/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GEORGE, JAMES
Address	1200 MAIN STREET SUITE 800
City-State-Zip:	KANSAS CITY MO 64105

Title	DIRECTOR
Name	SUMMERVILLE, JEFF
Address	1301 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10019

Title	DIRECTOR
Name	LAROCCA, MICHAEL
Address	1301 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10019