

1.) CORPORATION NAME:

ALEA NORTH AMERICA INSURANCE COMPANY

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0196347**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	75,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 55 CAPITAL BLVD

CITY/ST/ZIP: ROCKY HILL, CT 06067

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: PETER D JOHNSON TITLE: CEO ADDRESS: 55 CAPITAL BLVD CITY/ST/ZIP/CO: ROCKY HILL, CT 06067</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SUSAN STONEHILL CLAFLIN TITLE: SVP, GC & SECTY ADDRESS: 55 CAPITAL BLVD CITY/ST/ZIP/CO: ROCKY HILL, CT 06067</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CRAIG M THOMAS TITLE: SVP/CFO ADDRESS: 55 CAPITAL BLVD CITY/ST/ZIP/CO: ROCKY HILL, CT 06067</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HOLLY B HANES TITLE: ASST SECRETARY ADDRESS: 55 CAPITAL BLVD CITY/ST/ZIP/CO: ROCKY HILL, CT 06067</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARTHA BANNERMAN TITLE: DIRECTOR ADDRESS: 55 CAPITAL BLVD CITY/ST/ZIP/CO: ROCKY HILL, CT 06067</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY HAASE TITLE: COO ADDRESS: 55 CAPITAL BLVD CITY/ST/ZIP/CO: ROCKY HILL, CT 06067</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MARTIN KAUER TITLE: DIRECTOR ADDRESS: 55 CAPITAL BLVD CITY/ST/ZIP/CO: ROCKY HILL, CT 06067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KEITH LYON TITLE: DIRECTOR ADDRESS: 55 CAPITAL BLVD CITY/ST/ZIP/CO: ROCKY HILL, CT 06067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ HOLLY BHANES	HOLLY BHANES,	4/29/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.