## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARAMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808517

**(7)** 

ALLIANCE ASSURANCE COMPANY OF AMERICA

Principal Place of Business 10 EAST 50TH 8TREET NEW YORK NY 10022 Mailing Address

25 INDEPENDENCE BLVD. WARREN NJ 07059

## FILED Jul 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						<u> </u>	
	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
	Arrowpoint Blvd	26 9300 Arrowpoint Blvd			vd	<b>13-3635896</b> Not Applicable	
Suite, Apt. :	#, <b>e</b> tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be	
23 Char	lotte, NC	28 Charlotte, NC				Trust Fund Contribution Added to Fees	
Zip	Country	Z <sub>1</sub> p	Cot	untry		8. This corporation owes or has paid the current year Intangible	
24 2827	3 25 US	28273	30	US	3	Personal Property Tax due June 30. Yes No NA	
	9, Name and Address of Currer	nt Registered Agent		Ţ		10. Name and Address of New Registered Agent	
' INSURANCE COMMISSIONER				81 Name			
THE CAPITAL BLDG.				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32304			Street Address (P.O. Box Number is Not Acceptable)				
INCLININOSCE PE SESSIA			<b>B3</b>				
				84	City	85 Zip Code	
FL 100 FL							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.							
SIGNATURE							
5.6. T. T. O. T.	Si <b>gna</b> ture: typed or printed name of registered app		TE: Rogistere	d Age	nt signature	required when reinstating) DATE	
12.	OF LICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TATLE	D	<b>X</b> DELET€	1.1 1	HE		Change Addition	
NAME	ALFORD, NEWELL G., JR.		1.2 N	AME		SEE ATTACHED FOR COMPLETE LISTING	
STREET ADDRESS	145 WEST 86TH ST.		1.3 S	TREET	ADDRESS	DES MITMOMES TOX COMMESSIS BISTING	
CITY-ST-ZIP	NEW YORK NY 10024		140	ITY-S	T- 71P	OF OFFICERS AND DIRECTORS	
TITLE	VP	X DELETE		2.1 TITLE		Change Addition	
NAME			2.2 N		1	· -	
STREET ADDRESS	25 INDEPENDENCE BLVD.				+DDDECC		
1 1	1111			23 STREET ADDRESS			
CITY+S1-ZIP	<del></del>	X DELETE	2.4 CITY- 9		31 - ZIP		
TITLE	D	Γ <b>X</b> DECEIE	3.1 TITLE		l l	Change Addition	
NAME	BOULANGER, ROBERT N.			3.2 NAME			
STREET ADDRESS			338	TREET	ADDRESS		
CITY-ST-ZIP	NEW BERN NC	<del></del>	3 4. CITY-		31 - ZIP		
TITLE	VPS	X DELETE	4.111	4.1 TITLE		Change Addition	
NAME	EMERY, JOYCE A		4.21	NAME			
STREET ADDRESS	25 INDÉPENDENCE BLVD		4.3 S	TREET	ADDRESS		
CITY-ST-ZIP	WARREN NJ 07059		4.4 C	ITY - S	T- ZIP		
TITLE	D	X DELETE	5.1 Ti			Change Addition	
NAME	DRYSDALE, KENNETH G.T.		5.2 N			-EC	
STREET ADDRESS	10 EAST 50TH STREET				ADDRESS	وري ا	
	NEW YORK NY 10022					1.10	
CITY-ST-ZIP	HETT TORN HT 10082	DELETE		IIY · S	1 - ZIP	☐ Change ☐ Addition	
TITLE		L'1 perets	6.1 T		ł		
NAME			62 N		Į	500002585825 -07/13/9801004010	
STREET ADDRESS			6.3 S	TREET	ADDRESS	~~************************************	
CITY-ST-ZIP				ITY - S		***600.00	
14. Thereby o	Artify that the information supplied w	ith this filing does not qualify f	or the ex-	empl	tion states	d in Section 119.07(3)(i). Florida Statutes, I further certify that the information	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE TAME W. W. W. C. C.

Inva Whooler

3/23/98 (104)522-2000

## Alliance Assurance Company of America **Directors and Officers** As of December 31, 1997

Title Code:

Name:

Street Address:

City, State, Zip:

Robert Victor Mendelsohn 9300 Arrowpoint Boulevard

Charlotte, NC 28273

Title Code:

Name:

Street Address: City, State, Zip: P.D

 $\mathbf{C}$ 

Terry Broderick 9300 Arrowpoint Boulevard

Charlotte, NC 28273

Title Code:

Name:

Street Address: City, State, Zip:

Andrea Duszenczuk 2351 North Forest Road Getzville, NY 14068-1225

Title Code:

Name:

D,V

Joseph F. Fisher

Street Address: City, State, Zip:

9300 Arrowpoint Boulevard Charlotte, NC 28273

Title Code:

Name:

Street Address: City, State, Zip: Thomas Arthur Hayes One Bartholomew Lane London EC2N 2AB

**ENGLAND** 

V. Michael Kogel

Two Jericho Plaza Jericho, NY 11753-0873

Title Code:

Name:

Street Address:

City, State, Zip:

Title Code:

Street Address:

Name:

City, State, Zip:

D

D

David D. Mackintosh 400 W. Division Street Syracuse, NY 13204-1438

Title Code:

Name:

Street Address:

City, State, Zip:

James David McDonald 9300 Arrowpoint Boulevard

Charlotte, NC 28273

Title Code:

Name:

James F. Noonan

D.V

Street Address:

9300 Arrowpoint Boulevard

City, State, Zip:

Charlotte, NC 28273

Title Code:

Name:

Street Address:

D.V

Larry Gene Simmons 9300 Arrowpoint Boulevard

Charlotte, NC 28273 City, State, Zip: