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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 808517

1. Corporation Name

ALLIANCE ASSURANCE COMPANY OF AMERICA

	-								
Principal Place of Business Mailing Address						1 (25)0) (21)) 02/0/10/0/10/0/10/0/	21017 01271 01211 071		
9300 ARROWPOINT BLVD. 9300 ARROWPOINT BLVD.									
CHARLOTTE NC 28273 US CHARLOTTE NC 28273 US US						DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed			
						04/02/1951			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				13-3635896		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	5 Additional Required	
22		27 City & State							
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution		0 May Be ed to Fees	
Zip	Country	Zip	Countr			This corporation owes the current year.		54 10 1 000	
24	25		10	,		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current		,			10. Name and Address of New Regist	ered Agent		
	. Harris and Harrison of Carrent		81	Name	:				
INSURANCE COMMISSIONER			82	Stroot	Addres	ess (P.O. Box Number is Not Acceptable)			
	CAPITAL BLDG.		02	Suee	Audres	SS (P.O. BOX NUMBER IS NOT ACCEPTABLE)			
TALL	AHASSEE FL 32304		83	1					
			84	City			85 Z	ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes							FL "		
agent. I a	rn familiar with, and accept the obligation	and title if applicable. (NOTE: F	a Statute:	S .		's board of directors. I hereby accept the when reinstating) DA ADDITIONS/CHANGES TO OFFICE	ίτε		
12.	OFFICERS AND		13.		Τ.	ADDITIONS/CHANGES TO OFFICE	Chan		
TITLE	DV	☐ DELETE	1.1 TITLE		C Robe	rt V. Mendelsohn	Crian	ge AAJ radicon	
NAME	STEWMAN, PAUL H		1.2 NAME		9300	Arrowpoint Boulevard			
STREET ADDRESS	9300 ARROWPOINT BLVD.			T ADDRESS	Char	lotte, NC 28273			
CITY-ST-ZIP	CHARLOTTE NC 28273		1.4 CITY-ST-ZIP		 		☐ Chan	ge 🙀 Addition	
TITLE				E FD		y Broderick		X	
NAME	WHEELER, JOYCE W 9300 ARROWPOINT BLVD.			T ADDRESS	laaaa	Arrowpoint Boulevard			
STREET ADDRESS	CHARLOTTE NC 28273		2.4 CITY-			lotte, NC 28273	-		
CITY-ST-ZIP TITLE	V	□ DELETE	3.1 TITLE	31-215	SrV/	D	☐ Chan	ge xx Addition	
NAME	DAVENPORT, DAVID MICHAEL	— +	3.2 NAME		Jose	ph F. Fisher	_	-	
STREET ADDRESS	9300 ARROWPOINT BLVD.			T ADDRESS		Arrowpoint Boulevard			
	CHARLOTTE NC 28273		3.4. CITY-ST-ZIP		unar	lotte, NC 28273			
CITY-ST-ZIP TITLE	VT DELETE				SrV/	D.	Chan	ge xx Addition	
NAME	GOWEN, LAWRENCE					y G. Simmons		•	
STREET ADDRESS	9300 ARROWPOINT BLVD.				9300	Arrowpoint Boulevard			
CITY-ST-ZIP	CHARLOTTE NC 28273		4.4 CITY-		Char	lotte, NC 28273			
TITLE	V	₩ DELETE	5.1 TITLE		N.	Ø. um	☐ Chan	ge 🔀 Addition	
NAME	KALISKI, ALAN EDWARD	•	5.2 NAME		Sean	A. Beatty			
STREET ADDRESS	9300 ARROWPOINT BLVD.		5.3 STREE	ET ADDRESS	9300	Arrowpoint Boulevard			
CITY-ST-ZIP	CHARLOTTE NC 28273		5.4 CITY-	ST-ZIP		lotte, NC			
TITLE	V	☐ DELETE	6.1 TITLE				☐ Chan	ge 🔲 Addition	
NAME	MCLAUGHLIN, ELIZABETH		6.2 NAME						

CHARLOTTE NC 28273 CITY-ST-ZIP 14. I hereby 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 supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS 9300 ARROWPOINT BLVD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce W. Wheeler

1/18/99

704/522-2000

Daytime Phone #