


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 808517	
1. Entity Name ALLIANCE ASSURANCE COMPANY OF AMERICA	

Principal Place of Business 325 DONALD J LYNCH BLVD MARLBOROUGH, MA 01752 US	Mailing Address 325 DONALD J LYNCH BLVD MARLBOROUGH, MA 01752 US
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2211262	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEOPLES, MARY JANE 10 HIDDEN BRICK ROAD HOPKINTON, MA 01748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RADLEY, JAMES A 255 COUNTRY CLUB ROAD DEDHAM, MA 02026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCNAMARA, FRANK L JR 52 WILDER ROAD BOLTON, MA 01740
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SPECTOR, JOHN H 70 BULLARD STREET SHERBORN, MA 01770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANSBERRY, FREDERICK J 7 COLLEGE CIRCLE ANDOVER, MA 01810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000117484
04/19/04-80021-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-15-04 <small>Date</small>	508-303-1000 <small>Daytime Phone #</small>
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