## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # 808517**

1. Entity Name

ALLIANCE ASSURANCE COMPANY OF AMERICA

**FILED** May 03, 2005 08:00 AM Secretary of State

Principal Place of Business

325 DONALD J LYNCH BLVD MARLBOROUGH, MA 01752 US

Mailing Address

325 DONALD J LYNCH BLVD MARLBOROUGH, MA 01752

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

CR2E034 (10/03)

No Chg-P

Applied For

			56-221	1262	Not Applicable
			5. Certificate	of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent	<del></del>	4	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			DO NOT WRITE IN THIS SPACE		
The above the obligation  SIGNATURE.	e named entity submits this statement for the titions of registered agent.	ourpose of changing its registered office	e or registered agent, or bo	th, in the State of Flori	da. I am familiar with, and accept
OIGHAI OIL	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent as	gnature required when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000 05/04/05-	359339 80151-010 1 <b>5</b> 0.00
10.	OFFICERS AND DIRE	CTORS			, _
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		DO	NOT WI	RITE
TITLE NAME	S SPECTOR, JOHN H		in :	THIS SP	ACE

12. I hereby certify that the information supplied with this filling 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:

STREET ADORESS

CITY-ST-ZP

CITY-SI-ZIP

TITLE

NAME. STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

70 BULLARD STREET

7 COLLEGE CIRCLE

ANDOVER, MA 01810

SHERBORN, MA 01770

HANSBERRY, FREDERICK J

James A.