

200.1 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001057**

1. Entity Name

ALAMANCE INSURANCE COMPANY

Principal Place of Business

**238 INTERNATIONAL ROAD
BURLINGTON NC 27215**

Mailing Address

**238 INTERNATIONAL ROAD
BURLINGTON NC 27215**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4075938**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **VPST** ☐ Delete
NAME **FABOR, KERRY W**
STREET ADDRESS **238 INTERNATIONAL RD**
CITY-ST-ZIP **NASHVILLE TN 37215**TITLE **D** ☐ Delete
NAME **ABBOTT, RANDALL L**
STREET ADDRESS **528 SOUTH FIFTH STREET SUITE 210**
CITY-ST-ZIP **SPRINGFIELD IL 62701**TITLE **DP** ☐ Delete
NAME **BARBIERI, RICHARD C**
STREET ADDRESS **10 COLUMBUS BLVD., 6TH FLOOR**
CITY-ST-ZIP **HARTFORD CT 06106**TITLE **D** ☐ Delete
NAME **JOHNSON, NORMAN M**
STREET ADDRESS **480 ADAMS AVE.**
CITY-ST-ZIP **GLENCOE IL 60022**TITLE **D** ☐ Delete
NAME **LINTON, ROBERT D**
STREET ADDRESS **800 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY 10021**TITLE **D** ☐ Delete
NAME **MARTINEK, PHILLIP L**
STREET ADDRESS **2025 WHITTIER**
CITY-ST-ZIP **SPRINGFIELD IL 62704**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-01 (336)586-2830**FILED
Jan 22, 2001 8:00 am
Secretary of State**

01-22-2001 90093 012 ***150.00

00005689

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)