2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F99000001057 01-27-2006 90030 042 ***150.00 1. Entity Name ALAMANCE INSURANCE COMPANY Mailing Address Principal Place of Business 238 INTERNATIONAL ROAD 238 INTERNATIONAL ROAD BURLINGTON, NC 27215 BURLINGTON, NC 27215 2, Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01192006 Cha-P City & State 4. FEI Number Applied For City & State 36-4075938 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Vice President Addition ☐ Delete TITLE TITLE Barbara H monaco 238 International Road FABOR, KERRY W NAME NAME STREET ADDRESS 238 INTERNATIONAL RD STREET ADDRESS Burlington, no Via President Christopher E CITY-ST-ZIP 27215 CITY-ST-ZIP BURLINGTON, NC 27215 TITLE ☐ Change **Addition** TITLE ☐ Delete Strapp 100 Aut St; 5th Floo ABBOTT, RANDALL L NAME NAME STREET ADDRESS 528 SOUTH FIFTH STREET SUITE 210 STREET ADDRESS 06/103 Hartford, CT CITY-ST-ZIP CITY-ST-ZIP SPRINGF!ELD, IL 62701 ☐ Addition DP ☐ Change TITLE Detete TITLE BARBIERI, RICHARD C NAME NAME STREET ADDRESS 10 COLUMBUS BLVD., 6TH FLOOR STREET ADDRESS CITY-ST-ZIP HARTFORD, CT 06106 CITY-ST-ZIP ☐ Change Addition Oelele TITLE TITLE JOHNSON, NORMAN M NAME NAME 480 ADAMS AVE. STREET ADDRESS STREET ADDRESS GLENCOE, IL 60022 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition ☐ Delete ☐ Change TITI F LINTON, ROBERT D NAME 238 INTERNATIONAL RD STREET ADDRESS STREET ADDRESS BURLINGTON, NC 27215 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete MARTINEK, PHILLIP L NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: NOTIFIED AND SIGNATURE:

SPRINGFIELD, IL 62704

2025 WHITTIER

STREET ADDRESS

CITY-ST-ZIP

1/19/06

336-586-2830

FILED Jan 27, 2006 8:00 am 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F9900001057 1. Entity Name ALAMANCE INSURANCE COMPANY				ATTACHMENT					
Principal Place of Business 238 INTERNATIONAL ROAD BURLINGTON, NC 27215 Mailing Address 238 INTERNATIONAL BURLINGTON, NC 27					6000	57	28	3	
Principal Place of Business 3. Mailing Address					•				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01192006	Chg-P	CR2E0	34 (11/05)		
City & State	City & State	City & State					pplied For nt Applicable		
Zip Country	Zip	Country			of Status Desired		\$8.75 Add		
6. Name and Address of Curre	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
CHIEF FINANCIAL OFFICER			Street Address (P.O. Box Number is Not Acceptable)						
P O BOX 6200 (32314-6200) 200 E. GAINES ST		- Sire	Street Address (F.O. Box Nutriber is Not Acceptable)						
TALLAHASSEE, FL 32399-0000			· · · · · · · · · · · · · · · · · · ·	FL Zip Code					
The above named entity submits this statemen	t for the purpose of changing it	s registered offic	ce or register	red agent, or boll	h, in the State of Fl		familiar with,	and accept	
the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$55	9. Election Campa		\$5.	.00 May Be		DATE	· · · · · · · · · · · · · · · · · · ·		
	ND DIRECTORS	11,		ADDITIONS/I	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
ITILE VT NAME FABOR, KERRY W STREET ADDRESS 238 INTERNATIONAL RD GITY-SI-ZIP BURLINGTON, NC 27215	☐ Oelete	TITLE NAME STREET ADDR	ma 100	President, nuel Alm Dearts artfordi	Director nagro st, Brant CT OU		☐ Change	Addition	
ITITE D NAME ABBOTT, RANDALL L STREET ADDRESS 528 SOUTH FIFTH STREET S CITY-ST-ZIP SPRINGFIELD, IL 62701	Delete	TITLE NAME STREET AODR CITY-ST-ZIP	Ess 238 Bur	presiden nk R. De 3 Interna lington,	tional R		☐ Change	Addition	
TITLE DP JAME BARBIERI, RICHARD C STREET ADDRESS TOO REAL ST, 50 CITY-ST-ZIP HART-GIRD, CT	Delete Thorr	TITLE NAME STREET ADDR CITY-ST-ZIP	arss 1000	o Opurl S artferd,	or co	71 d 160 103	☐ Change	Addition	
TITLE D NAME JOHNSON, NORMAN M STREET ADDRESS 480 ADAMS AVE. CITY-ST-ZIP GLENCOE, IL 60022	☐ Delete	TITLE NAME STREET ADDE CITY-ST-ZIP	CAT AESS 235	8 Intern Irlination	ennrikus ational f	100.0	□ Change	Addition	
ITHE D NAME LINTON, ROBERT D STREET ADDRESS 238 INTERNATIONAL RD CITY-SI-ZIP BURLINGTON, NC 27215	☐ Defete	TITLE NAME STREET ADOF CITY-ST-ZIP	Vice Tin 3.3 Bu	e Preside nothy P. s Interni urlingtor	nt Martin atlonal 6 m NC 2	2d 7215_	☐ Change	Addition	
TITLE D MARTINEK, PHILLIP L STREET ADDRESS 2025 WHITTIER CITY-ST-ZIP SPRINGFIELD, IL 62704	☐ Delete	TITLE NAME STREET ADDI CITY+ST-ZIP	RESS TOO	arttoro _l	CT C	J4(0)		Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113. 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:	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR			Date	 	Daytime Phone #		