



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90030 042 ***150.00

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-4075938	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FABOR, KERRY W 238 INTERNATIONAL RD BURLINGTON, NC 27215	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Barbara H. Monaco 238 International Road Burlington, NC 27215
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, RANDALL L 528 SOUTH FIFTH STREET SUITE 210 SPRINGFIELD, IL 62701	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARBIERI, RICHARD C 10 COLUMBUS BLVD., 6TH FLOOR HARTFORD, CT 06106	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, NORMAN M 480 ADAMS AVE. GLENCOE, IL 60022	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTON, ROBERT D 238 INTERNATIONAL RD BURLINGTON, NC 27215	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEK, PHILLIP L 2025 WHITTIER SPRINGFIELD, IL 62704	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		12. I hereby 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.			
SIGNATURE: <u><i>Kerry W Fabor</i></u> KERRY W FABOR <u>1/19/06</u> 336-586-2832 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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DOCUMENT # F99000001057 1. Entity Name ALAMANCE INSURANCE COMPANY						<h2 style="margin: 0;">ATTACHMENT</h2> <p style="font-size: 24px; margin: 10px 0;">60007283</p> <div style="background-color: black; width: 200px; height: 20px; margin: 5px auto;"></div>	
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	
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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>							
TITLE	VT	<input type="checkbox"/> Delete	TITLE	Via President, Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FABOR, KERRY W		NAME	Manuel Almagro			
STREET ADDRESS	238 INTERNATIONAL RD		STREET ADDRESS	100 Pearl St, 5th Floor			
CITY-ST-ZIP	BURLINGTON, NC 27215		CITY-ST-ZIP	Hartford, CT 06103			
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ABBOTT, RANDALL L		NAME	Frank R. Dent, III			
STREET ADDRESS	528 SOUTH FIFTH STREET SUITE 210		STREET ADDRESS	238 International Rd			
CITY-ST-ZIP	SPRINGFIELD, IL 62701		CITY-ST-ZIP	Burlington, NC 27215			
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Vice President, Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BARBIERI, RICHARD C		NAME	Michael F. Freeman			
STREET ADDRESS	100 Pearl St, 5th Floor		STREET ADDRESS	100 Pearl St, Fifth Fl			
CITY-ST-ZIP	Hartford, CT 06103		CITY-ST-ZIP	Hartford, CT 06103			
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, NORMAN M		NAME	Carol K. Hennrikus			
STREET ADDRESS	480 ADAMS AVE.		STREET ADDRESS	238 International Road			
CITY-ST-ZIP	GLENCOE, IL 60022		CITY-ST-ZIP	Burlington, NC 27215			
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LINTON, ROBERT D		NAME	Timothy P. Martin			
STREET ADDRESS	238 INTERNATIONAL RD		STREET ADDRESS	238 International Rd			
CITY-ST-ZIP	BURLINGTON, NC 27215		CITY-ST-ZIP	Burlington, NC 27215			
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MARTINEK, PHILLIP L		NAME	Michael Memyne			
STREET ADDRESS	2025 WHITTIER		STREET ADDRESS	100 Pearl St, 5th Floor			
CITY-ST-ZIP	SPRINGFIELD, IL 62704		CITY-ST-ZIP	Hartford, CT 06103			
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: _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	