

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90009 020 ***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

40023007



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
36-4075938

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME MONOCO, BARBARA H
STREET ADDRESS 238 INTERNATIONAL RD
CITY-ST-ZIP BURLINGTON, NC 27215

TITLE VP ☐ Delete
NAME STRAPP, CHRISTOPHER E
STREET ADDRESS 100 AUREL ST 5TH FL Pearl St.
CITY-ST-ZIP HARTFORD, CT 06103

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 238 INTERNATIONAL RD
CITY-ST-ZIP BURLINGTON, NC 27215

TITLE D ☐ Delete
NAME MARTINEK, PHILLIP L
STREET ADDRESS 2025 WHITTIER
CITY-ST-ZIP SPRINGFIELD, IL 62704

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP, D ☐ Change ☒ Addition
NAME Fabor, Kerry W
STREET ADDRESS 238 International Rd
CITY-ST-ZIP Burlington, NC 27215

TITLE D/S ☐ Change ☒ Addition
NAME Freeman, Michael F.
STREET ADDRESS 100 Pearl Street, 5th Floor
CITY-ST-ZIP Hartford, CT 06103

TITLE D, Chairman ☒ Change ☐ Addition
NAME Barbieri, Richard C
STREET ADDRESS 100 Pearl Street, 5th Floor
CITY-ST-ZIP Hartford, CT 06103

TITLE VP, D ☐ Change ☒ Addition
NAME Almagro, Manuel
STREET ADDRESS 100 Pearl St, 5th Floor
CITY-ST-ZIP Hartford, CT 06103

TITLE VP ☐ Change ☒ Addition
NAME Hennrikus, Carol K.
STREET ADDRESS 238 International Rd
CITY-ST-ZIP Burlington, NC 27215

TITLE VP ☐ Change ☒ Addition
NAME McMyne, Michael
STREET ADDRESS 100 Pearl St, 5th Floor
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 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:

Kerry W Fabor *Kerry W Fabor*

2/19/2007

336-586-2830


SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 36-4075938	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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 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. 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, 2007 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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TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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SIGNATURE: <u>KERRY W FAVOR</u>			2/19/2007 336-586-2830		