


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90107 037 ***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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04142008 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
36-4075938

Applied For
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	MONOCO, BARBARA H	
STREET ADDRESS	238 INTERNATIONAL RD	
CITY-ST-ZIP	BURLINGTON, NC 27215	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRAPP, CHRISTOPHER E	
STREET ADDRESS	100 PEARL ST 5TH FL	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BARBIERI, RICHARD C	
STREET ADDRESS	100 PEARL ST 5TH FLOOR	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, NORMAN M	
STREET ADDRESS	480 ADAMS AVE.	
CITY-ST-ZIP	GLENCOE, IL 60022	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINTON, ROBERT D	
STREET ADDRESS	238 INTERNATIONAL RD	
CITY-ST-ZIP	BURLINGTON, NC 27215	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEK, PHILLIP L	
STREET ADDRESS	2025 WHITTIER	
CITY-ST-ZIP	SPRINGFIELD, IL 62704	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11


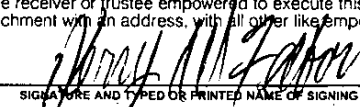
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	monaco, Barbara H	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abbott, Randall L.	
STREET ADDRESS	508 S. Fifth St. Suite 210	
CITY-ST-ZIP	Springfield, IL 62701-1822	
TITLE	SVP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Almagro, Manuel Jr.	
STREET ADDRESS	100 Pearl St, 5th Fl	
CITY-ST-ZIP	Hartford CT 06103	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dent, Frank R. III	
STREET ADDRESS	238 International Road	
CITY-ST-ZIP	Burlington, NC 27215	
TITLE	VP, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fabor, Kerry W	
STREET ADDRESS	238 International Rd	
CITY-ST-ZIP	Burlington NC 27215	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henrikus, Carol K.	
STREET ADDRESS	238 International Rd	
CITY-ST-ZIP	Burlington, NC 27215	

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* 4/15/2008 336-586-7830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-4075938	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____ DATE _____ <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, 2008 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	VP MONOCO, BARBARA H 238 INTERNATIONAL RD BURLINGTON, NC 27215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D macleod, David A. 100 Pearl St, 5th Fl Hartford, CT 06103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRAPP, CHRISTOPHER E 100 PEARL ST 5TH FL HARTFORD, CT 06103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Martin, Timothy P. 238 International Rd Burlington NC 27215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BARBIERI, RICHARD C 100 PEARL ST 5TH FLOOR HARTFORD, CT 06103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP mcmync, michael 100 Pearl St, 5th Fl. Hartford CT 06103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, NORMAN M 480 ADAMS AVE. GLENCOE, IL 60022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S Freeman, michael F. 100 Pearl St, 5th Fl Hartford, CT 06103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTON, ROBERT D 238 INTERNATIONAL RD BURLINGTON, NC 27215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			Date: 4/15/2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

40076253