

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000003310

**Entity Name:** ALLIANCE MUTUAL INSURANCE, LLC

**Current Principal Place of Business:**

950 TRADE CENTRE WAY, SUITE 400  
KALAMAZOO, MI 49002

**Current Mailing Address:**

950 TRADE CENTRE WAY, SUITE 400  
KALAMAZOO, MI 49002 US

**FEI Number:** 82-4950778

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 N CALHOUN ST, SUITE 4  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MBR  
Name JONES, MARK A  
Address 950 TRADE CENTRE WAY, SUITE 400  
City-State-Zip: KALAMAZOO MI 49002

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK A JONES

**AGENCY DIRECTOR**

**01/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date