

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000001057

**Entity Name:** ALAMANCE INSURANCE COMPANY**Current Principal Place of Business:**238 INTERNATIONAL ROAD  
BURLINGTON, NC 27215**Current Mailing Address:**238 INTERNATIONAL ROAD  
BURLINGTON, NC 27215**FEI Number:** 36-4075938**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR, CEO  
Name LINTON, ROBERT D  
Address 100 PEARL ST 5TH FL  
City-State-Zip: HARTFORD CT 06103

Title SVP  
Name MCMYNE, MICHAEL  
Address 100 PEARL ST  
City-State-Zip: HARTFORD CT 06103

Title EVP, DIRECTOR  
Name MONRAD, ELIZABETH A  
Address 100 PEARL ST  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR  
Name NEWMAN, JAMES E  
Address 238 INTERNATIONAL ROAD  
City-State-Zip: BURLINGTON NC 27215

Title SVP, DIRECTOR  
Name ALMAGRO, MANUEL JR  
Address 100 PEARL STREET, 5TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title D  
Name HAAK, ANDREW C  
Address 100 PEARL ST  
City-State-Zip: HARTFORD CT 06103

Title VP, ASST. SECRETARY  
Name SNOOK, JEFFREY T  
Address 238 INTERNATIONAL ROAD  
City-State-Zip: BURLINGTON NC 27215

Title PRESIDENT  
Name LEWIS, CHRISTOPHER M  
Address 100 PEARL STREET, 5TH FLOOR  
City-State-Zip: HARTFORD CT 06103

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*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA REZNER

VICE PRESIDENT

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name REZNER, BARBARA A  
Address 100 PEARL STREET, 5TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title TREASURER  
Name BLAIR, ROBERT A  
Address 100 PEARL ST.  
5TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR  
Name SHAPO, NATHANIEL S  
Address 238 INTERNATIONAL ROAD  
City-State-Zip: BURLINGTON NC 27215

Title VP  
Name FLEISCHER, MICHAEL A  
Address 3440 PRESTON RIDGE  
SUITE 300  
City-State-Zip: ALPHARETTA GA 30005