

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000001057

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC8493342632**

**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  
P O BOX 6200 (32314-6200)  
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            PRESIDENT, CHAIRMAN, DIRECTOR  
Name            LINTON, ROBERT D  
Address        100 PEARL ST 5TH FL  
City-State-Zip: HARTFORD CT 06103

Title            SECRETARY  
Name            WHITE, NEWTON B  
Address        100 PEARL ST 5TH FL  
City-State-Zip: HARTFORD CT 06103

Title            TREASURER, VP  
Name            FAVOR, KERRY W  
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            SVP  
Name            MCMYNE, MICHAEL  
Address        100 PEARL ST  
City-State-Zip: HARTFORD CT 06103

Title            D  
Name            HAAK, ANDREW C  
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            EVP  
Name            NETCOH, FRANK T  
Address        100 PEARL ST  
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: KERRY W. FAVOR**

**TREASURER**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MCCARTHY, JOHN P  
Address 100 PEARL ST  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR  
Name JOHNSON, JULIA L  
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