

**2014 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        PRESIDENT, CHAIRMAN, DIRECTOR  
Name        LINTON, ROBERT D  
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        VP, ASST. SECRETARY  
Name        SNOOK, JEFFREY T  
Address     238 INTERNATIONAL ROAD  
City-State-Zip: BURLINGTON NC 27215

Title        DIRECTOR  
Name        JOHNSON, JULIA L  
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

04/24/2014

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

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                MCCARTHY, JOHN P  
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