

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17694

**Entity Name:** ALPHA PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**8360 LBJ FREEWAY  
SUITE 400  
DALLAS, TX 75243-1134**Current Mailing Address:**P.O. BOX 223687  
DALLAS, TX 75222-3687 US**FEI Number:** 39-1344101**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	DIRECTOR	Title	VICE PRESIDENT & SECRETARY
Name	ALEXANDER, JAMES A.	Name	DELL ISOLA, CHRISTOPHER D.
Address	8360 LBJ FREEWAY SUITE 400	Address	8360 LBJ FREEWAY SUITE 400
City-State-Zip:	DALLAS TX 75243-1134	City-State-Zip:	DALLAS TX 75243-1134
Title	TREASURER	Title	PRESIDENT
Name	ERICKSON, RYAN E.	Name	BRUNS, TIMOTHY D.
Address	8360 LBJ FREEWAY SUITE 400	Address	8360 LBJ FREEWAY SUITE 400
City-State-Zip:	DALLAS TX 75243-1134	City-State-Zip:	DALLAS TX 75243-1134
Title	DIRECTOR	Title	DIRECTOR
Name	BOSCHELLI, JOHN M.	Name	MINDAK, MAXWELL T.
Address	8360 LBJ FREEWAY SUITE 400	Address	8360 LBJ FREEWAY SUITE 400
City-State-Zip:	DALLAS TX 75243-1134	City-State-Zip:	DALLAS TX 75243-1134
Title	DIRECTOR	Title	CHAIRMAN OF THE BOARD
Name	MOSES, CHRISTOPHER L.	Name	BOSCHELLI, JOHN M.
Address	8360 LBJ FREEWAY SUITE 400	Address	8360 LBJ FREEWAY SUITE 400
City-State-Zip:	DALLAS TX 75243-1134	City-State-Zip:	DALLAS TX 75243-1134

**Continues on page 2**

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:** CHRISTOPHER D. DELL ISOLAVICE PRESIDENT &  
SECRETARY

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BRUNS, TIMOTHY D.
Address	8360 LBJ FREEWAY SUITE 400
City-State-Zip:	DALLAS TX 75243-1134