

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17694

**Entity Name:** ALPHA PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**400 S EXECUTIVE DR STE 200  
BROOKFIELD, WI 53005**Current Mailing Address:**12926 GRAN BAY PARKWAY WEST  
JACKSONVILLE, FL 32258 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	VP
Name	MCGILL, TROY
Address	200 EAST RANDOLPH ST SUITE 3300
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR
Name	BRUNS, TIMOTHY D
Address	200 EAST RANDOLPH ST. SUITE 3300
City-State-Zip:	CHICAGO IL 60601

Title	CHAIRMAN
Name	BOSCHELLI, JOHN M
Address	200 EAST RANDOLPH ST SUITE 3300
City-State-Zip:	CHICAGO IL 60601

  

Title	SECRETARY
Name	PINKERMAN CONDO, AMY E
Address	200 EAST RANDOLPH ST SUITE 3300
City-State-Zip:	CHICAGO IL 60601

*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:** TROY MCGILL

VICE PRESIDENT

03/30/2020

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