

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90085 029 ***150.00

DOCUMENT # 808517

1. Corporation Name

ALLIANCE ASSURANCE COMPANY OF AMERICA

Principal Place of Business

**9300 ARROWPOINT BLVD.
CHARLOTTE NC 28273
US**

Mailing Address

**9300 ARROWPOINT BLVD.
CHARLOTTE NC 28273
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1951

4. FEI Number

13-3635896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	STEWMAN, PAUL H	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	DVS	☐ DELETE
NAME	WHEELER, JOYCE W	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	V	☐ DELETE
NAME	DAVENPORT, DAVID MICHAEL	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	VT	☐ DELETE
NAME	GOWEN, LAWRENCE	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	V	☒ DELETE
NAME	KALISKI, ALAN EDWARD	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	
TITLE	V	☐ DELETE
NAME	MCLAUGHLIN, ELIZABETH	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28273	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	☐ Change ☒ Addition
1.2 NAME	Robert V. Mendelsohn	
1.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
1.4 CITY-ST-ZIP	Charlotte, NC 28273	
2.1 TITLE	PD	☐ Change ☒ Addition
2.2 NAME	Terry Broderick	
2.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
2.4 CITY-ST-ZIP	Charlotte, NC 28273	
3.1 TITLE	SrV/D	☐ Change ☒ Addition
3.2 NAME	Joseph F. Fisher	
3.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
3.4 CITY-ST-ZIP	Charlotte, NC 28273	
4.1 TITLE	SrV/D	☐ Change ☒ Addition
4.2 NAME	Larry G. Simmons	
4.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
4.4 CITY-ST-ZIP	Charlotte, NC 28273	
5.1 TITLE	V	☐ Change ☒ Addition
5.2 NAME	Sean A. Beatty	
5.3 STREET ADDRESS	9300 Arrowpoint Boulevard	
5.4 CITY-ST-ZIP	Charlotte, NC	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joyce W. Wheeler
Joyce W. Wheeler

1/18/99

704/522-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)