

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002486

FILED
Jul 06, 2012
Secretary of State

Entity Name: AMALGAMATED LIFE INSURANCE COMPANY

Current Principal Place of Business:

333 WESTCHESTER AVE NORTH BLDG
WHITE PLAINS, NY 10604

New Principal Place of Business:

Current Mailing Address:

333 WESTCHESTER AVE NORTH BLDG
WHITE PLAINS, NY 10604

New Mailing Address:

FEI Number: 13-5501223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200
200 E GAINES ST
TALLAHASSEE, FL 323146200 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: WALSH, DAVID J
Address: 333 WESTCHESTER AVE NORTH BLDG
City-St-Zip: WHITE PLAINS, NY 10604

Title: D
Name: WALSH, DAVID J
Address: 333 WESTCHESTER AVE NORTH BLDG
City-St-Zip: WHITE PLAINS, NY 10604

Title: EVP
Name: HIRSCH, MICHAEL
Address: 333 WESTCHESTER AVE NORTH BLDG
City-St-Zip: WHITE PLAINS, NY 10604

Title: SVP
Name: SCHWARTZ, MARK
Address: 333 WESTCHESTER AVE NORTH BLDG
City-St-Zip: WHITE PLAINS, NY 10604

Title: EVP
Name: THORNTON, JOHN
Address: 333 WESTCHESTER AVE NORTH BLDG
City-St-Zip: WHITE PLAINS, NY 10604

Title: EVP
Name: MALLEN, PAUL
Address: 333 WESTCHESTER AVE NORTH BLDG
City-St-Zip: WHITE PLAINS, NY 10604

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: MARK SCHWARTZ

SVP

07/06/2012

Electronic Signature of Signing Officer or Director

Date