

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001781 (2)

1. Corporation Name

CAPITAL ALLIANCE INSURANCE COMPANY, INC.



Principal Place of Business

1286 CARMICHAEL WAY
MONTGOMERY AL 36106

Mailing Address

1286 CARMICHAEL WAY
MONTGOMERY AL 36106

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

04/12/1995

3a. Date of Last Report

4. FEI Number

63-0942331

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	CHAFFIN, RANDELL C	55 ALHAMBRA PLAZA	CORAL GABLES FL 33134	<input type="checkbox"/>
VT	RODRIGUEZ-SCOTT, MARIA L	55 ALHAMBRA PLAZA	CORAL GABLES FL 33134	<input type="checkbox"/>
S	GORDON, NANCY P	55 ALHAMBRA PLAZA	CORAL GABLES FL 33134	<input type="checkbox"/>
C	GRABO, ANDERS	SKANDIA AMERICA GROUP/ONE LIBERTY PLAZA	NEW YORK NY 10006	<input type="checkbox"/>
DV	RAUSCHENBERG, RICHARD A	1286 CARMICHAEL WAY	MONTGOMERY AL 36106	<input type="checkbox"/>
V	MARSHALL, JOHN D	55 ALHAMBRA PLAZA	CORAL GABLES FL 33134	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>

C/D
Grabo, Anders
Skandia America Group, One Liberty Plaza
New York, NY 10006

See attached supplemental listing

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

RANDELL C. CHAFFIN, PRES.

2/29/96 (305) 461-7449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

Capital Alliance Insurance Company, Inc.
Supplemental Listing of Officers and Directors
Item Nos. 12 and 13 to the
State of Florida, Secretary of State
1996 Profit Corporation Annual Report

ITEM NOS. 12 and 13 OFFICERS AND DIRECTORS (Additions)

Title	V
Name	Santore, William V.
Street Address	55 Alhambra Plaza
City/State/Zip	Coral Gables, FL 33134

Title	V
Name	Ellis, Fred K.
Street Address	Skandia America Group, One Liberty Plaza
City/State/Zip	New York, NY 10006

Title	V
Name	Hancock, Robert H.
Street Address	500 Northpark Town Center
	1100 Abernathy Rd., Suite 625
City/State/Zip	Atlanta, GA 30328

Title	V
Name	Lerner, Martin R.
Street Address	55 Alhambra Plaza
City/State/Zip	Coral Gables, FL 33134