

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005063

FILED
Feb 17, 2009
Secretary of State

Entity Name: ALASKA NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

7001 JEWEL LAKE RD
ANCHORAGE, AK 99502

New Principal Place of Business:

Current Mailing Address:

7001 JEWEL LAKE RD
ANCHORAGE, AK 99502

New Mailing Address:

FEI Number: 92-0077654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: SUDDOCK, GEORGE S
Address: 7001 JEWEL LAKE RD
City-St-Zip: ANCHORAGE, AK 99502

Title: DC () Delete
Name: PFEIFER, JAMES E
Address: 7001 JEWEL LAKE RD
City-St-Zip: ANCHORAGE, AK 99502

Title: DP () Delete
Name: NODTVEDT, CRAIG L
Address: 7001 JEWEL LAKE RD
City-St-Zip: ANCHORAGE, AK 99502

Title: D () Delete
Name: BLOCK, RICHARD
Address: 360 W BENSON BLVD #300
City-St-Zip: ANCHORAGE, AK 99503

Title: DV () Delete
Name: MCMAHON, RAYMOND
Address: 7001 JEWEL LAKE RD
City-St-Zip: ANCHORAGE, AK 99502

Title: DV () Delete
Name: SUDDOCK, RICHARD
Address: 7001 JEWEL LAKE ROAD
City-St-Zip: ANCHORAGE, AK 99502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: RAVEN, BERNIE
Address: 7001 JEWEL LAKE RD
City-St-Zip: ANCHORAGE, AK 99502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNE E. HANCOCK

VP

02/17/2009

Electronic Signature of Signing Officer or Director

Date