

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001057

FILED
Apr 23, 2012
Secretary of State

Entity Name: ALAMANCE INSURANCE COMPANY

Current Principal Place of Business:

238 INTERNATIONAL ROAD
BURLINGTON, NC 27215

New Principal Place of Business:

Current Mailing Address:

238 INTERNATIONAL ROAD
BURLINGTON, NC 27215

New Mailing Address:

FEI Number: 36-4075938

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

OFFICERS AND DIRECTORS:

Title: P
Name: MACLEOD, DAVID A
Address: 100 PEARL ST 5TH FL
City-St-Zip: HARTFORD, CT 06103

Title: S
Name: FREEMAN, MICHAEL F
Address: 100 PEARL ST 5TH FL
City-St-Zip: HARTFORD, CT 06103

Title: T
Name: LARSON, JOHN R
Address: 238 INTERNATIONAL ROAD
City-St-Zip: BURLINGTON, NC 27215

Title: SVP
Name: ALMAGRO, MANUEL JR
Address: 100 PEARL STREET, 5TH FLOOR
City-St-Zip: HARTFORD, CT 06103

Title: D
Name: LINTON, ROBERT D
Address: 238 INTERNATIONAL RD
City-St-Zip: BURLINGTON, NC 27215

Title: D
Name: MARTINEK, PHILLIP L
Address: 2025 WHITTIER
City-St-Zip: SPRINGFIELD, IL 62704

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: JOHN R LARSON

T

04/23/2012

Electronic Signature of Signing Officer or Director

Date