#### 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002486

**Entity Name: AMALGAMATED LIFE INSURANCE COMPANY** 

FILED
Mar 28, 2022
Secretary of State
3601584570CC

Date

## **Current Principal Place of Business:**

333 WESTCHESTER AVE NORTH BLDG

WHITE PLAINS, NY 10604

### **Current Mailing Address:**

333 WESTCHESTER AVE NORTH BLDG WHITE PLAINS, NY 10604

FEI Number: 13-5501223 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CHIEF FINANCIAL OFFICER 200 E GAINES ST TALLAHASSEE, FL 32314-6200 US

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:

Officer/Director Detail :

Title DIRECTOR Title DIRECTOR

Name CARL CHRISTOPHER, BAUMANN Name JR GARY, BONADONNA

Address 333 WESTCHESTER AVE NORTH Address 333 WESTCHESTER AVE NORTH

BLDG BLDG

City-State-Zip: WHITE PLAINS NY 10604 City-State-Zip: WHITE PLAINS NY 10604

Title VP Title VP

Name MELANIE S., CANNON Name MARTIN, COHEN

Address 333 WESTCHESTER AVE NORTH Address 333 WESTCHESTER AVE NORTH

BLDG BLDG

City-State-Zip: WHITE PLAINS NY 10604 City-State-Zip: WHITE PLAINS NY 10604

Title VP Title SECRETARY

Name PAMELA, DUFFY Name ELLEN R., DUNKIN

Address 333 WESTCHESTER AVE NORTH Address 333 WESTCHESTER AVE NORTH

BLDG BLDG

City-State-Zip: WHITE PLAINS NY 10604 City-State-Zip: WHITE PLAINS NY 10604

 Title
 DIRECTOR
 Title
 PRESIDENT

 Name
 JOHN, FOWLER
 Name
 LYNNE, FOX

Address 333 WESTCHESTER AVE NORTH Address 333 WESTCHESTER AVE NORTH

BLDG BLDG

City-State-Zip: WHITE PLAINS NY 10604 City-State-Zip: WHITE PLAINS NY 10604

#### Continues on page 2

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: DUNKIN, ELLEN R. SECRETARY 03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title VP

Name HENRICH-HERRERA, CAROL

Address 333 WESTCHESTER AVE NORTH BLDG

City-State-Zip: WHITE PLAINS NY 10604