

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804876

FILED
Apr 24, 2006
Secretary of State

Entity Name: COMBINED INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

200 E. RANDOLPH
TAX DEPT. 4TH FLOOR
CHICAGO, IL 60601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8264
CHICAGO, IL 606808264

New Mailing Address:

FEI Number: 36-2136262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: CEOP () Delete
Name: RAVIN, RICHARD M
Address: 200 E. RANDOLPH DR.
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: MEDVIN, HARVEY N
Address: 200 E. RANDOLPH DR.
City-St-Zip: CHICAGO, IL 60601

Title: VPCO () Delete
Name: HOGAN, JOHN
Address: 200 E. RANDOLPH DR.
City-St-Zip: CHICAGO, IL 60601

Title: AVP () Delete
Name: VODZIAK, RICHARD L
Address: 200 E. RANDOLPH DR.
City-St-Zip: CHICAGO, IL 60601

Title: T () Delete
Name: AIGOTTI, DIANE M
Address: 200 E. RANDOLPH DR.
City-St-Zip: CHICAGO, IL 60601

Title: S () Delete
Name: MARKOVITS, RONALD D
Address: 200 E. RANDOLPH DR.
City-St-Zip: CHICAGO, IL 60601

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD L. VODZIAK

AVP

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date