

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804876

FILED  
Apr 18, 2007  
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

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date