


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90386 041 ***150.00

DOCUMENT # 840587 1. Entity Name VALIANT INSURANCE COMPANY	
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Principal Place of Business % MINTON/CORPORATE LAW 1400 AMERICAN LANE SCHAUMBURG, IL 60196 US	Mailing Address % MINTON/CORPORATE LAW 1400 AMERICAN LANE SCHAUMBURG, IL 60196 US
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04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-0976199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, DAVID A 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCARTNEY, JOHN J 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MUEJER, NANCY D 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC AMORE, JOHN J 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP PATALANO, FRANK A 1400 AMERICAN LANE SCHAUMBURG, IL 60196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/9/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #