


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

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| DOCUMENT # F05000003891 1. Entity Name PROSURE INSURANCE COMPANY |  |
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| Principal Place of Business 1645 EAST BIRCHWOOD AVENUE DES PLAINES, IL 60018 | Mailing Address 1645 EAST BIRCHWOOD AVENUE DES PLAINES, IL 60018 |
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 36-2748795 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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**DO NOT WRITE
IN THIS SPACE**

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

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|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000637025 04/18/07-80024-005 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD LUTZ, MICHAEL R 3435 N CICERO AVENUE CHICAGO, IL 60641 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ABED, JANE M 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MIRZA, DAVID S 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ZUSMAN, ALAN M 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ARDIZZONE, JAMES K 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KOZIOL, CHARLES T 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James K. Ardizzone **James K. Ardizzone** **4/4/07** **847 786 0040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #