2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000004418

1. Entity Name
GTC INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
12 READ'S WAY NEW CASTLE, DE 19720	2500 LAKE COOK ROAD RIVERWOODS, IL 60015

DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3662754

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STOLBOF, EDWARD
STREET ADDRESS	2500 LAKE COOK RD
CITY-ST-ZIP	RIVERWOODS, IL 60012
TITLE	VP
NAME	RICKERT, MICHAEL
STREET ADDRESS	12 READ'S WAY
CITY-ST-ZIP	NEW CASTLE, DE 19720
TITLE	S
NAME	GREENE, D. CHRISTOPHER
STREET ADDRESS	2500 LAKE COOK ROAD
CITY-ST-ZIP	RIVERWOODS, IL 60015
TITLE	D
NAME	CORLEY, KELLY M
STREET ADDRESS	2500 LAKE COOK ROAD
CITY-ST-ZIP	RIVERWOODS, IL 60015
TITLE	D
NAME	GIFFNEY, KARIN
STREET ADDRESS	2500 LAKE COOK ROAD
CITY-ST-ZIP	RIVERWOODS, IL 60015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/08-80104-009 150.00

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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: Edward M. Egner 4/15/08 224-405-1430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #