2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# F99000004418

Entity Name: GTC INSURANCE AGENCY, INC.

Current Principal Place of Business:

12 READ'S WAY
NEW CASTLE, DE 19720

New Principal Place of Business:

Current Mailing Address:

2500 LAKE COOK ROAD
RIVERWOODS, IL 60015

New Mailing Address:

FEI Number: 22-3662754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P ( ) Delete
Name: STOLBOF, EDWARD
Address: 2500 LAKE COOK RD
City-St-Zip: RIVERWOODS, IL 60012

Title: VP ( ) Delete
Name: RICKERT, MICHAEL
Address: 12 READ'S WAY
City-St-Zip: NEW CASTLE, DE 19720

Title: S ( ) Delete
Name: GREENE, D. CHRISTOPHER
Address: 2500 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: D ( ) Delete
Name: CORLEY, KELLY M
Address: 2500 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: D ( ) Delete
Name: GIFFNEY, KARIN
Address: 2500 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCARBOROUGH, MARK
Address: 2500 LAKE COOK RD
City-St-Zip: RIVERWOODS, IL 60012

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: AS ( ) Change (X) Addition
Name: HENGESH, DAVID W
Address: 2500 LAKE COOK ROAD
City-St-Zip: RIVERWOODS, IL 60015

I hereby certify that the information supplied with this filing does not qualify 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: DAVID W. HENGESH AS 04/15/2009

Electronic Signature of Signing Officer or Director — Date