

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002864

Entity Name: CADENCE INSURANCE, INC.

Current Principal Place of Business:

2850 GOLF ROAD
ROLLING MEADOWS, IL 60008

Current Mailing Address:

2850 GOLF ROAD
ROLLING MEADOWS, IL 60008 US

FEI Number: 72-1381997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name MICHAEL R, PESCH
Address 2850 GOLF ROAD
City-State-Zip: ROLLING MEADOWS IL 60008

Title TREASURER, VP
Name PATRICIA E, HINTON
Address 2850 GOLF ROAD
City-State-Zip: ROLLING MEADOWS IL 60008

Title SECRETARY
Name DONNA, JENNER
Address 2850 GOLF ROAD
City-State-Zip: ROLLING MEADOWS IL 60008

Title DIRECTOR, VP
Name M. KEITH, BARTON
Address 2850 GOLF ROAD
City-State-Zip: ROLLING MEADOWS IL 60008

Title DIRECTOR, VP, COO
Name STEVEN C., WENNERSTRUM
Address 2850 GOLF ROAD
City-State-Zip: ROLLING MEADOWS IL 60008

Title CONTROLLER, VP
Name RICHARD C., CARY
Address 2850 GOLF ROAD
City-State-Zip: ROLLING MEADOWS IL 60008

Title TREASURER, VP
Name PATRICIA E, HINTON
Address 2850 GOLF ROAD
City-State-Zip: ROLLING MEADOWS IL 60008

Title VP
Name THEODORE A., SKIRVIN II
Address 2850 GOLF ROAD
City-State-Zip: ROLLING MEADOWS IL 60008

I hereby 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 all other like empowered.

SIGNATURE: DONNA JENNER

SECRETARY

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date