

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003663

Entity Name: CASTLE KEY INSURANCE COMPANY**Current Principal Place of Business:**780 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**Current Mailing Address:**3075 SANDERS ROAD, SUITE H1E
NORTHBROOK, IL 60062-7127 US**FEI Number:** 36-3586255**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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	CFO
Name	PILCH, SAMUEL H
Address	3075 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	SEC
Name	LEES, SUSAN L
Address	2775 SANDRS ROAD
City-State-Zip:	NORTHBROOK IL 60062-6127

Title	TR
Name	RIZZO, MARIO
Address	3075 SANDERS RD
City-State-Zip:	NORTHBROOK IL 60062-7127

Title	DIR
Name	PILCH, SAMUEL H
Address	3075 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062-7127

Title	CHAIRMAN
Name	PRENDERGAST, DAVID
Address	2775 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	DIR
Name	PARSONS, JULIE
Address	2775 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	AUTHORIZED REPRESENTATIVE
Name	CIRRINCIONE, LYNN
Address	3075 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

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: LYNN CIRRINCIONE**AUTHORIZED
REPRESENTATIVE****04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date