

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90386 035 ***150.00

DOCUMENT # 807215

1. Entity Name
ASSURANCE COMPANY OF AMERICA



Principal Place of Business
**ONE LIBERTY PLAZA
165 BROADWAY
NEW YORK, NY 10006 US**

Mailing Address
**1400 AMERICAN LANE
CORPORATE LAW
SCHAUMBURG, IL 60196 US**

44029866



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-6081895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO AMORE, JOHN J 1400 AMERICAN LANE SCHAUMBURG, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOWERS, DAVID A 1400 AMERICAN LANE SCHAUMBURG, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCARTNEY, JOHN J 1400 AMERICAN LANE SCHAUMBURG, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MUELLER, NANCY D 1400 AMERICAN LANE SCHAUMBURG, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP PATALANO, FRANK A 1400 AMERICAN LANE SCHAUMBURG, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Date

Daytime Phone # _____