2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807215

MALLIE, TINA

1400 AMERICAN LANE

SCHAUMBURG, IL US

Name:

Address:

City-St-Zip:

FILED Jan 23, 2009 Secretary of State

Entity Name: ASSURANCE COMPANY OF AMERICA							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
165 BROA	RTY PLAZA DWAY K, NY 10006	US					
Current Mailing Address:			New Mailir	New Mailing Address:			
CORPORA	RICAN LANE ATE LAW BURG, IL 60196	us					
FEI Number:	13-6081895	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()		
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
P O BOX 6 200 E. GAI	ANCIAL OFFIC 200 (32314-620 NES ST SSEE, FL 32399	0)					
The above in the State		ıbmits this statement for the pur	pose of changing it	s registered o	office or registered agent, or bot	th,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Agent		Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DCEO () E FOLEY, MICHAE 1400 AMERICAN SCHAUMBURG, I	LANE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	DSEC () E BOWERS, DAVIE 1400 AMERICAN SCHAUMBURG, I	LANE	Title: Name: Address: City-St-Zip:	DSEC (X KERRIGAN, DE 1400 AMERICA SCHAUMBURG	N LANE		
Title: Name: Address: City-St-Zip:	DP () E MANNELLO, LOU 1400 AMERICAN SCHAUMBURG, I	LANE	Title: Name: Address: City-St-Zip:	DP (X MUELLER, NAI 1400 AMERICA SCHAUMBURG	AN LANE		
Title: Name: Address: City-St-Zip:	DEVP () D BARNARD, ELEA 1400 AMERICAN SCHAUMBURG, I	LANE	Title: Name: Address: City-St-Zip:	DEVP (X SHARMA, VIBH 1400 AMERICA SCHAUMBURG	AN LANE		
Title:	DEVP ()[Pelete	Title:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DENNIS F. KERRIGAN **DSEC** 01/23/2009