

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817133

1. Entity Name

COREGIS INSURANCE COMPANY

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90224 040 ***150.00

Principal Place of Business

Mailing Address

WEST MADISON
COREGIS- TAX DEPARTMENT
CHICAGO IL 60602

181 WEST MADISON
C/O COREGIS- TAX DEPARTMENT
CHICAGO IL 60602-4510

2. Principal Place of Business

181 West Madison
Suite, Apt. #, etc.
Suite 2600
City & State
Chicago, IL
Zip
60602 Country
Cook

3. Mailing Address

181 West Madison
Suite, Apt. #, etc.
Suite 2600
City & State
Chicago, IL
Zip
60602 Country
Cook



DO NOT WRITE IN THIS SPACE

4. FEI Number

35-0293728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HASKELL, GAYLE E 181 W. MADISON CHICAGO IL 60602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLER, SCOTT H 181 W. MADISON CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DONOVAN, RICHARD S 181 W MADISON AVE CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, JAMES G 181 W. MADISON CHICAGO IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/C Galbato, Chan W 181 W. Madison Chicago, IL 60602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Keller, Scott H 181 W. Madison Chicago, IL 60602	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Tanenhaus, Enid 181 W. Madison Chicago, IL 60602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Kubera, Patricia L 181 W. Madison Chicago, IL 60602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DeVries, Kenneth S 181 W. Madison Chicago, IL 60602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kilar, William L 181 W Madison Chicago, IL 60602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 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

4/28/00 (312) 849-5000
Date Daytime Phone #

CR2E034 (9/99)