

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90003 025 ***550.00

DOCUMENT # 817133

1. Entity Name
COREGIS INSURANCE COMPANY

Principal Place of Business
181 WEST MADISON
SUITE 2600
CHICAGO IL 60602

Mailing Address
181 WEST MADISON
SUITE 2600
CHICAGO IL 60602



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Zip Country

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
FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL

7. Name and Address of New Registered Agent
 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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PDC GALBATO, CHAN W 181 W. MADISON CHICAGO IL 60602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO & Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Joseph Gill 181 W. Madison Chicago, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLER, SCOTT H 181 W. MADISON CHICAGO IL 60602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, CFO & Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Terry D. Isenberg 5200 Metcalf Overland Park, KS 66201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TANENHAUS, ENID 181 W MADISON AVE CHICAGO IL 60602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronald E. Miller 5200 Metcalf Overland Park, KS 66201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KUBERA, PATRICIA L 181 W. MADISON CHICAGO IL 60602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secretary & General Counsel & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alfreda Bradley-Coar 181 W. Madison Chicago, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEVRIES, KENNETH S 181 WEST MADISON CHICAGO IL 60602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Asst. VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven P. Stephan 5200 Metcalf Overland Park, KS 66201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILAR, WILLIAM L 181 WEST MADISON CHICAGO IL 60602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David G. Newkirk 5200 Metcalf Overland Park, KS 66201

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: Terry D. Isenberg 8/6/01 913-676-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12. Additional Officers & Directors

Title Director
Name Edward F. Pike
Address 5987 East 71st Street, Suite 203
City, ST, Zip Indianapolis, Indiana 46220-4051

Title Assistant VP
Name Trent Heinemeyer
Address 5200 Metcalf
City, ST, Zip Overland Park, KS 66201

Title Assistant Controller
Name Randy Weih
Address 5200 Metcalf
City, ST, Zip Overland Park, KS 66201

Title Assistant Controller
Name Doris Clarke
Address 5200 Metcalf
City, ST, Zip Overland Park, KS 66201

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