

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90933 027 \*\*\*150.00

0606350 AT

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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, 2002 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

TITLE	PDC	<input checked="" type="checkbox"/> Delete
NAME	GALBATO, CHAN W	
STREET ADDRESS	181 W. MADISON	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KELLER, SCOTT H	
STREET ADDRESS	181 W. MADISON	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	TANENHAUS, ENID	
STREET ADDRESS	181 W. MADISON AVE	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	KUBERA, PATRICIA L	
STREET ADDRESS	181 W. MADISON	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEVRIES, KENNETH S	
STREET ADDRESS	181 WEST MADISON	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KILAR, WILLIAM L	
STREET ADDRESS	181 WEST MADISON	
CITY-ST-ZIP	CHICAGO IL 60602	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached	
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Alfreda Bradley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

(312) 849-5471

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
Document #

817133  
618524

**Coregis Insurance Company Officers**

Michael J. Gill, President and Chief Executive Officer  
Alfreda Bradley-Coar, Vice President and General Counsel  
Nick D. Gassman, Vice President of Sales  
Robert J. Cecconi, Vice President and Chief Underwriting Officer  
Michael J. Grabowski, Vice President and Director of Finance  
Roger A. Atkinson, Vice President of Reserving  
Trent Heinmeyer, Assistant Vice President  
Randy N. Weih, Controller and Treasurer  
Francis W. Smith, Assistant Controller  
Steven P. Stephan, Assistant Vice President  
Ronald E. Miller, Vice President - Taxes

**Coregis Insurance Company Directors**

Michael J. Gill, President and Chief Executive Officer  
Alfreda Bradley-Coar, Vice President and General Counsel  
Randy Weih, Controller and Treasurer  
Michael J. Grabowski, Vice President and Director of Finance  
Steven P. Stephan, Vice President



Attachment  
Document # 817133  
GE ERC 618524  
Commercial Insurance

Coregis Insurance Company  
525 West Van Buren, Suite 500  
Chicago, IL 60607  
Phone: 312 821-4000

March 25, 2002

Ms. Katherine Harris  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

**RE: 2002 Uniform Business Report**

Dear Ms. Harris:

Please find enclosed Coregis Insurance Company's 2002 Uniform Business Report and fee of \$150.00.

If you have any questions please feel free to call me at (800) 879-4428, Ext. 4193.

Very Truly Yours,

Jay E. Jacoby  
Compliance Analyst

Compliance Analyst  
Jay E. Jacoby