2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# 817133

Entity Name: COREGIS INSURANCE COMPANY

Current Principal Place of Business:

525 W. VAN BUREN ST
SUITE 500
CHICAGO, IL 60607

New Principal Place of Business:

Current Mailing Address:

525 W. VAN BUREN ST
SUITE 500
CHICAGO, IL 60607

New Mailing Address:

FEI Number: 35-0293728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: STERNECK, ROBIN P
Address: 5200 METCALF
City-St-Zip: KANSAS CITY, FL 66201

Title: S ( ) Delete
Name: KOPRIVA, TERESA C
Address: 525 W. VAN BUREN ST, STE 500
City-St-Zip: CHICAGO, IL 60607

Title: T ( ) Delete
Name: MALONE, DERYCK
Address: 5200 METCALF
City-St-Zip: MISSION, KS 66201

Title: VPR (X) Delete
Name: MOORE, PHILLIP S
Address: 525 W. VAN BUREN ST, STE 500
City-St-Zip: CHICAGO, IL 60607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: THOMPSON, ANN E
Address: 5200 METCALF
City-St-Zip: OVERLAND PARK, KS 66202

Title: C (X) Change ( ) Addition
Name: MALONE, DERYCK
Address: 5200 METCALF
City-St-Zip: MISSION, KS 66201

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANN E. THOMPSON S 05/01/2007

Electronic Signature of Signing Officer or Director — Date