2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90153 027 ***150.00

DOCUMENT # 817133

1. Entity Name
COREGIS INSURANCE COMPANY

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

2. Principal Place of Business	3. Mailing Address
525 W. Van Buren St.	525 W. Van Buren St.
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Chicago, IL	City & State: Chicago, IL
Zip: 60607 Country: Cook	Zip: 60607 Country: Cook

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO GILL, MICHAEL J 181 W. MADISON CHICAGO, IL 60602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 525 W. Van Buren St., Suite 500 Chicago, IL 60607	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VGC BRADLEY-COAR, ALFREDA 181 W. MADISON CHICAGO, IL 60602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 525 W. Van Buren St., Suite 500 Chicago, IL 60607	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GASSMAN, NICK D 181 W MADISON AVE CHICAGO, IL 60602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 525 W. Van Buren St., Suite 500 Chicago, IL 60607	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCUO CECCONI, ROBERT J 181 W. MADISON CHICAGO, IL 60602	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Teresa C. Kopriva 525 W. Van Buren St., Suite 500 Chicago, IL 60607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDF GRABOWSKI, MICHAEL J 181 WEST MADISON CHICAGO, IL 60602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 525 W. Van Buren St., Suite 500 Chicago, IL 60607	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPR ATKINSON, ROGER A 181 WEST MADISON CHICAGO, IL 60602	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPR Phillip S. Moore 525 W. Van Buren St., Suite 500 Chicago, IL 60607	☐ Change ☑ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa C. Kopriva 3-10-03 312-821-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #