

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 817508 (5)
1. Corporation Name
AMERICAN PROTECTION INSURANCE COMPANY



Principal Place of Business

1 KEMPER DR.
LONG GROVE IL 60049-0001
US

Mailing Address

1 KEMPER DR.
LONG GROVE IL 60047-9108
US

3. Date Incorporated or Qualified 11/27/1963
3a. Date of Last Report 07/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number 36-2763106
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
MIAMI, FL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SGC
NAME CONWAY, J K
STREET ADDRESS 6211 N KNOX
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE VD
NAME WHITE, W. L.
STREET ADDRESS 144 LINCOLN PARKWAY
CITY-ST-ZIP CRYSTAL LAKE IL ☐ DELETE

TITLE P
NAME SIMMONS, W E
STREET ADDRESS 4814 VALERIE DR
CITY-ST-ZIP CRYSTAL LAKE IL ☐ DELETE

TITLE EVD
NAME MATHIS, D B
STREET ADDRESS 629 BRIAR LN
CITY-ST-ZIP LAKE FOREST IL ☐ DELETE

TITLE T
NAME STACY, R.B.
STREET ADDRESS 15149 W. CLOVER LANE
CITY-ST-ZIP LIBERTYVILLE IL ☐ DELETE

TITLE D
NAME FRITZ, BRUCE N.
STREET ADDRESS 7719 OAKRIDGE CT.
CITY-ST-ZIP CRYSTAL LAKE IL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE GENERAL COUNSEL & CORPORATE SECRETARY ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3203 REMINGTON DRIVE
2.4 CITY-ST-ZIP CRYSTAL LAKE, IL 60014 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE CHIEF EXECUTIVE OFFICER ☐ Change ☒ Addition
6.2 NAME ROBERT L. SMITH
6.3 STREET ADDRESS 4003 NEO DRIVE
6.4 CITY-ST-ZIP CRYSTAL LAKE, IL 60014

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

R. B. Stacy

4/9/97

(847) 320-2000

CR2E034 (9/96)