

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819689

FILED
May 03, 2007
Secretary of State

Entity Name: MTL INSURANCE COMPANY

Current Principal Place of Business:

1200 JORIE BLVD.
OAK BROOK, IL 605229060

New Principal Place of Business:

1200 JORIE BOULEVARD
OAK BROOK, IL 605229060

Current Mailing Address:

1200 JORIE BLVD.
OAK BROOK, IL 605229060

New Mailing Address:

1200 JORIE BOULEVARD
OAK BROOK, IL 605229060

FEI Number: 36-1516780

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EISENBARTH, GARY L
Address: 2225 KINGS COURT
City-St-Zip: GENEVA, IL

Title: VSC () Delete
Name: HOELZEL, JEFFERY K
Address: 1200 JORIE BLVD.
City-St-Zip: OAK BROOK, IL 605229060

Title: SVPS () Delete
Name: GAUGHN, GERI
Address: 1200 JORIE BLVD.
City-St-Zip: OAK BROOK, IL 605229060

Title: SVP () Delete
Name: MCALEER, CHARLES F III
Address: 1200 JORIE BLVD.
City-St-Zip: OAK BROOK, IL 605229060

Title: VPT () Delete
Name: CULKEEN, MARGARET M
Address: 1200 JORIE BLVD.
City-St-Zip: OAK BROOK, IL 605229060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EISENBARTH, GARY L
Address: 1200 JORIE BOULEVARD
City-St-Zip: OAK BROOK, IL 605229060

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

Title: SVPS (X) Change () Addition
Name: GAUGHN, GERI L
Address: 1200 JORIE BLVD.
City-St-Zip: OAK BROOK, IL 605229060

Title: SVP (X) Change () Addition
Name: ROSENKRANZ, JOHN D
Address: 1200 JORIE BLVD.
City-St-Zip: OAK BROOK, IL 605229060

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: JOHN D. ROSENKRANZ

SVP

05/03/2007

Electronic Signature of Signing Officer or Director

Date