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**FILED** 

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

	003 FOR PROFI IFORM BUSINE	SS				)		Apr	18, 2 cretar	003	8:00	) am
1. Entity Nan	MENT # 82079 E ASSURANCE COMPANY	9							<b>Cretar</b> -18-2003 90			
Principal Place of Business 3100 SANDERS ROAD NORTHBROOK IL 60062 US		Mailing Address 3075 SANDERS ROAD HIA NORTHBROOK IL 60062 US										
2. Principal F	Place of Business	3. Mail	ing Address		-			( ( <b>64</b> )66( (63)66 (()	itt antit tanka taka	ener mente nener	- <b>0</b> 1011 <b>0</b> 1011 1	11011 01011 1001
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te	City & State					4. FEI Number 42-0930962				<del></del> _	plied For of Applicable
Zip Country		Zip		Country			5. (	Certificate of Star	us Desired		<b>8.75</b> Ad	ditional
<del></del>	6. Name and Address of Current	Registere	d Agent	<u> </u>	1	!	7. N	lame and Addre	ss of New Rec		e Require	
					Name							
FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG					Street A	ddress (F	O. B	ox Number is No	t Acceptable)			
TALLAHASSEE FL 32304												<u>.</u>
					City			<u> </u>		FL	Zip Cod	e
	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent s				ed Office of				e State of Floric	da. I am fan	niliar with,	and accept
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	<u>.</u> .		-				Campaign Finar d Contribution.	ncing	\$5.0 Added	0 May Be d to Fees
10.	OFFICERS AND	DIRECTO	as V	11.		1.4.2.0	AD	DITIONS/CHAN	GES TO OFFIC	<del>-</del>	<del>/</del> -	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	CEOD WILSON, THOMAS J II 3100 SANDERS ROAD NORTHBROOK IL 60062		Delete			(160 (160) 3100		Joseph S anders T	ylla goods	7	<b>Q</b> _Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELOTTA, MICHAEL J 3100 SANDERS ROAD NORTHBROOK IL 60062	☐ Delete		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			[	] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDMAN, MARLA G 3100 SANDERS ROAD NORTHBROOK IL 60062		☐ Delete								] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEBIK, STEVEN E 3100 SANDERS ROAD NORTHBROOK IL 60062		☐ Delete								] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PILCH, SAMUEL H 3100 SANDERS ROAD NORTHBROOK IL 60062		Delete							Ľ	] Change	Addition
TITLE NAME	VT ZILS, JAMES P		☐ Delete	TITLE	 :			·	<del></del>		Change	Addition

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

3075 SANDERS ROAD

NORTHBROOK IL 60062

Daytime Phone #