

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 824752 (0)

1. Corporation Name

INDUSTRIAL CASUALTY INSURANCE COMPANY A MUTUAL L
EGAL RESERVE COMPANY



Principal Place of Business

Mailing Address

MUTUAL LEGAL RESERVE COMPANY
137 N. OAK PARK AVENUE
OAK PARK IL 60301

MUTUAL LEGAL RESERVE COMPANY
137 N. OAK PARK AVENUE
OAK PARK IL 60301

3. Date Incorporated or Qualified
06/30/1970

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

37-0346700

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

10. Name and Address of New Registered Agent

MILLER, K.L.
2035 HARDING STREET
HOLLYWOOD FL 33020

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 then applicable

(BOTH: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME BURMEISTER, ALFRED D.
STREET ADDRESS 127 N. OAK PARK AVENUE
CITY-ST-ZIP OAK PARK IL ☐ DELETE

TITLE SD
NAME ALBANO, LOUIS
STREET ADDRESS 137 N OAK PARK AVE
CITY-ST-ZIP OAK PARK IL ☐ DELETE

TITLE TD
NAME BRAUN, ELAINE
STREET ADDRESS 137 N OAK PARK AVENUE
CITY-ST-ZIP OAK PARK IL ☒ DELETE

TITLE D
NAME LIZZADRO, D.
STREET ADDRESS 137 N OAK PARK AVENUE
CITY-ST-ZIP OAK PARK IL ☒ DELETE

TITLE D
NAME SACK, F
STREET ADDRESS 137 N OAK PARK AVENUE
CITY-ST-ZIP OAK PARK IL ☒ DELETE

TITLE DVP
NAME MILLER, K. L.
STREET ADDRESS 2035 HARDING STREET
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME MATIGIAN, DIANA
1.3 STREET ADDRESS 137 N. OAK PARK AVENUE
1.4 CITY-ST-ZIP OAK PARK, IL 60301 ☐ Change ☒ Addition

2.1 TITLE PD
2.2 NAME LIZZADRO, ROSEMARY
2.3 STREET ADDRESS 137 N OAK PARK AVE
2.4 CITY-ST-ZIP OAK PARK, IL 60301 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS ☐ Change ☐ Addition

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Alfred D. Burmeister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALFRED D. BURMEISTER

6-7-96

708-306-1646

DATE

DATE OF FILING

05 6/26/96

CR2E034 (3/96)