

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825113 (4)  
1. Corporation Name  
BCS INSURANCE COMPANY

Principal Place of Business  
676 N ST CLAIR ST  
CHICAGO ILLINOIS 60611

Mailing Address  
676 N ST CLAIR ST  
CHICAGO ILLINOIS 60611

FILED

98 JUL 13 PM 12: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/28/1970	
21		26		4. FEI Number 36-6033921	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name Florida Commissioner of Insurance 82 Street Address (P.O. Box Number is Not Acceptable) State Capitol, Plaza Level Eleven 83 Tallahassee FL 32399-0300 84 City FL 85 Zip Code	
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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 *Bill Nelson* **FLORIDA COMMISSIONER OF INSURANCE** 7/13/98  
Signature, typed name of registered agent and date applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARAN, EDWARD J.	12 NAME	
STREET ADDRESS	676 N ST CLAIR ST	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 00000	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, WENDELL H.	22 NAME	
STREET ADDRESS	676 N ST CLAIR ST	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERILLO, PHILLIP A.	32 NAME	
STREET ADDRESS	676 N ST CLAIR ST	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 00000	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, DANIEL P.	42 NAME	
STREET ADDRESS	676 N ST CLAIR ST	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSER, DWANE R.	52 NAME	
STREET ADDRESS	1351 WM HOWARD TAFT RD.	53 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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: *Edward J. Baran*

CR2E034 (1097)