

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 825113

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**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90051 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1970

4. FEI Number

36-6033921

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA  
STATE CAPITOL, PLAZA LEVEL ELEVEN  
TALLAHASSEE FL 32399-0300

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 ☐ DELETE

NAME  
PD  
BARAN, EDWARD J.  
STREET ADDRESS  
676 N ST CLAIR ST  
CITY-ST-ZIP  
CHICAGO, IL 00000

TITLE ☐ DELETE

NAME  
VSD  
BERG, WENDELL H.  
STREET ADDRESS  
676 N ST CLAIR ST  
CITY-ST-ZIP  
CHICAGO, IL 00000

TITLE ☐ DELETE

NAME  
VTD  
PERILLO, PHILLIP A.  
STREET ADDRESS  
676 N ST CLAIR ST  
CITY-ST-ZIP  
CHICAGO, IL 00000

TITLE ☐ DELETE

NAME  
VD  
RYAN, DANIEL P.  
STREET ADDRESS  
676 N ST CLAIR ST  
CITY-ST-ZIP  
CHICAGO, IL 00000

TITLE ☐ DELETE

NAME  
D  
HOUSER, DWANE R.  
STREET ADDRESS  
1351 WM HOWARD TAFT RD.  
CITY-ST-ZIP  
CINCINNATI OH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)