

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 825113

1. Entity Name
BCS INSURANCE COMPANY



Principal Place of Business

**676 N ST CLAIR ST
CHICAGO, IL 60611**

Mailing Address

**676 N ST CLAIR ST
CHICAGO, IL 60611**

2. Principal Place of Business

2 Mid America Plaza

3. Mailing Address

2 Mid America Plaza

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Oakbrook Terrace, Illinois

City & State

Oakbrook Terrace, Illinois

Zip

60181-4712

Country

DuPage

Zip

60181-4712

Country

DuPage

04062006

Chg-P

CR2E034 (11/05)

4. FEI Number

36-6033921

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name
CTE - Tallahassee

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RYAN, DANIEL P PD**
STREET ADDRESS **676 N ST CLAIR ST**
CITY-ST-ZIP **CHICAGO, IL 606112997**

TITLE **VSD** ☐ Delete
NAME **WESTERMEYER, MICHAEL T VSD**
STREET ADDRESS **676 N ST CLAIR ST**
CITY-ST-ZIP **CHICAGO, IL 606112997**

TITLE **VD** ☐ Delete
NAME **BEHNKE, DAVID P VD**
STREET ADDRESS **676 N ST CLAIR ST**
CITY-ST-ZIP **CHICAGO, IL 606112997**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

TITLE ☐ Delete
NAME **[Signature]**
STREET ADDRESS **[Signature]**
CITY-ST-ZIP **[Signature]**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **[Signature]**
STREET ADDRESS **2 Mid America Plaza, Suite 200**
CITY-ST-ZIP **Oakbrook Terrace, Illinois 60181-4712**

TITLE ☒ Change ☐ Addition
NAME **[Signature]**
STREET ADDRESS **2 Mid America Plaza, Suite 200**
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CITY-ST-ZIP **Oakbrook Terrace, Illinois 60181-4712**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE **[Signature]** Sandra K. Strutz, Secretary

April 6, 2006

(630) 472-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 APR 17 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

