

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90386 041 ***150.00

DOCUMENT # 840587

1. Entity Name

VALIANT INSURANCE COMPANY



Principal Place of Business

**% MINTON/CORPORATE LAW
1400 AMERICAN LANE
SCHAUMBURG, IL 60196 US**

Mailing Address

**% MINTON/CORPORATE LAW
1400 AMERICAN LANE
SCHAUMBURG, IL 60196 US**



04082004

No Chg-P

CR2E034 (10/03)

4. FEI Number

52-0976199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BOWERS, DAVID A**
STREET ADDRESS **1400 AMERICAN LANE**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE **DP**
NAME **MCCARTNEY, JOHN J**
STREET ADDRESS **1400 AMERICAN LANE**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE **DEVP**
NAME **MUEUER, NANCY D**
STREET ADDRESS **1400 AMERICAN LANE**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE **DC**
NAME **AMORE, JOHN J**
STREET ADDRESS **1400 AMERICAN LANE**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE **DEVP**
NAME **PATALANO, FRANK A**
STREET ADDRESS **1400 AMERICAN LANE**
CITY-ST-ZIP **SCHAUMBURG, IL 60196**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/04