FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -7 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **855177** **(2)**

1. Corporation Name

MONTGOMERY WARD INSURANCE COMPANY

Principal Place of Business	Mailing Address
200 N MARTINGALE RD SCHAUMBURG IL 60173-2096 US	P.O.BOX 5033 CAROL STREAM IL 60173-2096 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 200 N. Martingale Road	12/31/1982	02/07/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-2811124	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Schaumburg, Illinois	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 60173-2096 / Country 30 US	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
THE STATE INSURANCE COMMISSIONER THE CAPITOL BLDG TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, JACK R	12 NAME	
STREET ADDRESS	200 N MARTINGALE RD	13 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, RICHARD C	22 NAME	
STREET ADDRESS	200 N MARTINGALE RD	23 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, BERNARD F.	32 NAME	
STREET ADDRESS	1 MONTGOMERY WARD PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	MOYER, LYMAN	42 NAME	
STREET ADDRESS	200 N. MARTINGALE RD.	43 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	PORTELLI, ALAN F.	52 NAME	
STREET ADDRESS	200 N. MARTINGALE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	54 CITY-ST-ZIP	
TITLE	VSD	61 TITLE	☐ Change ☐ Addition
NAME	EUWEMA, JOHN B	62 NAME	
STREET ADDRESS	200 N. MARTINGALE RD.	63 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	64 CITY-ST-ZIP	

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)(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: Jack R. Schultz — Jack R. Schultz 2/24/95 (708) 605-4543

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0466881 FP