FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 2-7-96 B-46061 NC

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

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	200 N MARTINGALE RD SCHAUMBURG IL 60173-2096 US

3. Date Incorporated or Qualified: 12/31/1982	3a. Date of Last Report: 03/07/1995
4. FEI Number: 36-2811124	☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

THE STATE INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTZ, JACK R		1.2 NAME		
STREET ADDRESS	200 N MARTINGALE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, RICHARD C		2.2 NAME		
STREET ADDRESS	200 N MARTINGALE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRENNAN, BERNARD F.		3.2 NAME		
STREET ADDRESS	1 MONTGOMERY WARD PLAZA		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOYER, LYMAN		4.2 NAME		
STREET ADDRESS	200 N. MARTINGALE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PORTELLI, ALAN F.		5.2 NAME		
STREET ADDRESS	200 N. MARTINGALE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		5.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EUWEMA, JOHN B		6.2 NAME		
STREET ADDRESS	200 N. MARTINGALE RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 January 24,1996 (847) 605-4543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #