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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 855177

(2)

## MONTGOMERY WARD INSURANCE COMPANY

Principal Due	incipal Place of Business Mailing Address										
200 N MARTINGALE RD SCHAUMBURG IL 60173-2096 US		200 N MARTINGALE RD	200 N MARTINGALE RD SCHAUMBURG IL 60173-2040								
		_				12/31/198	rated or Qualified 2	3a. Date 02/07		eport	
·*-1	lace of Business	2a. Mailing Address				4. FEI Number	104		<u> </u>	plied For	
Suite, Apt	#, elc	Suite, Apt. #, etc.	<del></del>			36-28111			\$8.75 A	t Applicable	
22		27				5. Certificate of	Status Desired		Fee Re		
City & State	()	City & State				6. Election Cam			\$5.00		
<b>23</b> ] Zip	Country	Zip	T	untru		Trust Fund Co		<u> </u>	Added to		
24	25 29		Country 30			This corporat     Florida Statut	tion has liability for i	ntangible tax ] Yes 🏻 🗀 I		199.032,	
<u> </u>	9. Name and Address of Curre		[30]	ſ			ddress of New Re				
THE STATE INSURANCE COMMISSIONER				81	Name						
THE	CAPITOL BLDG			82	Street /	Address (P.O. Box Numb	per is Not Acceptab	le)			
TAL	LAHASSEE FL 32301										
				83							
				84	City			FL	<b>35</b> Zip C	Code	
11, Pursuant office or ragent. La	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607,1508, Florida Statu e of Florida, Such change was yations of, Section 607,0505, F	tes, the a authorize lorida Sta	bove d by tutes	e-named the corps.	corporation submits this oration's board of direct	statement for the p tors. I hereby accep	uroose of ch	nanging its tment as	s registered registered	
	Sugrestion type dipriprinted name of registerior ag			d Age	nt signature	required when reinstating)		DATE	DEOTOR	0.01.40	
12.	OFFICERS AN	ID DIRECTORS  DELETE	13. 11.1	TI E	r	ADDITIONS/CI	HANGES TO OFFIC		Change	S IN 12 Addition	
NAM	SCHULTZ, JACK R	Em Decere	1.2 N			Vollman,	Sandra K		Condingo	La riddion	
STEELT ADDRESS	200 N MARTINGALE RD				ADDRESS	,		•		:	
(IBY-\$1-20)	SCHAUMBURG IL		1.40	ITY-S	it-ZIP						
DILE	P	☐ DELETE	2.1 T	ITLE					Change	Addition	
NAME:	GALLAGHER, RICHARD C		2.2 N	AME	1						
STREET ADDRESS	200 N MARTINGALE RD SCHAUMBURG IL				ADDRESS			•			
GRY SL 72 THUE	D D	DELETE	2.4 3.1 T		ST-ZIP				Change	Addition	
NAMI	BRENNAN, BERNARD F.		1	IAME	. 1						
STREET ADDRESS	1 MONTGOMERY WARD PLA	ZA	335	TREET	ADDRESS						
COLY - \$1 - 71P	CHICAGO IL		3.4.	CITY-S	ST-ZIP						
7(1)()	8	☐ DELETE	4.1 T						Change	Addition	
NSME	MOYER, LYMAN			NAME							
STREET ADDRESS	200 N. MARTINGALE RD.				ADDRESS						
_ CHY+S1, ZIP TRUE	SCHAUMBURG IL.	DELETE	4.4 ( 5.1 1		T-ZIP				Change	Addition	
NAME	PORTELLI, ALAN F.	La Valent	- 8	IAME	1			h	manigro	and rather	
STREET ADDRESS	200 N. MARTINGALE RD.				ADDRESS						
CHY: \$1, Zin	SCHAUMBURG IL				ST - ZIP						
1 111	VSD	DELETE	DELETE 6.1 T						Change	Addition	
NAME	EUWEMA, JOHN B			VAME							
STREET ASSORESS	200 N. MARTINGALE RD.	,			ADDRESS						
CEV-St-Zie 14 I do bere	SCHAUMBURG IL. by certify that the information supplies	ed with this films does not oue			T-ZIP motion st	lated in Section 119 07/	3)(i) Florida Statute	s I further o	artifu that	the	
informatio	or indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changed, or	supplemental annual report is	true and	accu	urate and	that my signature shall	have the same lega	l effect as if	made und	der oath, that	

SANDAR K. VOLLMAN

**FILED** 

May 02 1997 8:00am

Secretary of State