

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

800 N MARTINGALE RD
SCHAUMBURG IL 60173-2096
US

Mailing Address

200 N MARTINGALE RD
SCHAUMBURG IL 60173-2096
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1982

4. FEI Number

36-2811124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE
NAME VOLLMAN, SANDRA K
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHAUMBURG IL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Romanchuk, Wayne B.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME GALLAGHER, RICHARD C
STREET ADDRESS 200 N MARTINGALE RD
CITY-ST-ZIP SCHAUMBURG IL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BRENNAN, BERNARD F.
STREET ADDRESS 1 MONTGOMERY WARD PLAZA
CITY-ST-ZIP CHICAGO IL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Casey, Patrick J.
3.3 STREET ADDRESS 200 N. Martingale Rd.
3.4 CITY-ST-ZIP Schaumburg, IL 60173-2096

TITLE S ☐ DELETE
NAME MOYER, LYMAN
STREET ADDRESS 200 N. MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DV ☒ DELETE
NAME PORTELLI, ALAN F.
STREET ADDRESS 200 N. MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL

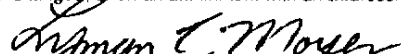
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Placek, Robert L.
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VSD ☐ DELETE
NAME EUWEMA, JOHN B
STREET ADDRESS 200 N. MARTINGALE RD.
CITY-ST-ZIP SCHAUMBURG IL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:



Lyman C. Moyer

3/5/98

(847) 605-4507

CP2E034 (10/97)