2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90024 046 ***150.00

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DOCUMENT # 855177

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 N. Martingale Road	200 N. Martingale Road
Suite, Apt. #, etc. Schaumburg, Illinois	Suite, Apt. #, etc. Schaumburg, Illinois
City & State	City & State
Zip: 60173-2096 Country: USA	Zip: 60173-2096 Country: USA

4. FEI Number 36-2811124 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE STATE INSURANCE COMMISSIONER THE CAPITOL BLDG TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARKEE, THOMAS E 200 N MARTINGALE RD SCHAUMBURG IL 60173-2096	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARINELLO, KATHRYN V 200 N MARTINGALE RD SCHAUMBURG IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV CASEY, PATRICK J 200 N MARTINGALE RD SCHAUMBURG IL 60173	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Brandt, Michael J. 200 N. Martingale Road Schaumburg, IL 60173-2096	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOYER, LYMAN 200 N. MARTINGALE RD. SCHAUMBURG IL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Lund, Harold Neil 200 N. Martingale Road Schaumburg, IL 60173-2096	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PLACEK, ROBERT L 200 N. MARTINGALE RD. SCHAUMBURG IL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Conley, Joseph M. 200 N. Martingale Road Schaumburg, IL 60173-2096	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD EUWEMA, JOHN B 200 N. MARTINGALE RD. SCHAUMBURG IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Thomas E. Markee 3/7/01 847-605-7409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #