

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90021 036 ***150.00

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1. Entity Name
PROFESSIONAL LIFE & CASUALTY COMPANY



Principal Place of Business
**20 N. WACKER DR., STE 3110
CHICAGO, IL 60606**

Mailing Address
**20 N. WACKER DR., STE 3110
CHICAGO, IL 60606**

44010010

0100

120100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

36-0761133

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WARD, THOMAS P
7731 SE GOLFHOUSE DRIVE
HOBE SOUND, FL 33455**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME NORD, PAUL F
STREET ADDRESS 20 N. WACKER DR., STE 3110
CITY-ST-ZIP CHICAGO, IL

TITLE DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MAJKO, JUDITH M
STREET ADDRESS 20 N. WACKER DR., STE 3110
CITY-ST-ZIP CHICAGO, IL

TITLE PRESIDENT & DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WARD, THOMAS P
STREET ADDRESS 20 N. WACKER DR., STE 3110
CITY-ST-ZIP CHICAGO, IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CTD ☐ Delete
NAME BRUCE, ROBERT B
STREET ADDRESS 20 N. WACKER DR., STE 3110
CITY-ST-ZIP CHICAGO, IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARTINEZ, MARY T
STREET ADDRESS 20 N. WACKER DR., STE 3110
CITY-ST-ZIP CHICAGO, IL

TITLE VICE PRESIDENT & DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME ROBERT S. BRUCE
STREET ADDRESS 20 N. WACKER DR STE 3110
CITY-ST-ZIP CHICAGO IL 60606

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith M. Mello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/04

312-220-0655