

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003514

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



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-0761133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE D
NAME BRUCE, ROBERT J
STREET ADDRESS 20 N. WACKER DR., STE. 3110
CITY-ST-ZIP CHICAGO, IL 60606

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03/11/05-80017-009 150.00

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IN THIS SPACE**

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. Majko

JUDITH M. MAJKO, PRES

3/8/05

312-220-0655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #