

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003514

FILED
Mar 20, 2008
Secretary of State

Entity Name: PROFESSIONAL LIFE & CASUALTY COMPANY

Current Principal Place of Business:

20 N. WACKER DR., STE 3110
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

20 N. WACKER DR., STE 3110
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-0761133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORD, PAUL F
Address: 20 N. WACKER DR., STE 3110
City-St-Zip: CHICAGO, IL

Title: PD () Delete
Name: MAJKO, JUDITH M
Address: 20 N. WACKER DR., STE 3110
City-St-Zip: CHICAGO, IL

Title: S () Delete
Name: WARD, THOMAS P
Address: 20 N. WACKER DR., STE 3110
City-St-Zip: CHICAGO, IL

Title: CTD () Delete
Name: BRUCE, ROBERT B
Address: 20 N. WACKER DR., STE 3110
City-St-Zip: CHICAGO, IL

Title: VP () Delete
Name: MARTINEZ, MARY T
Address: 20 N. WACKER DR., STE 3110
City-St-Zip: CHICAGO, IL

Title: D () Delete
Name: BRUCE, ROBERT J
Address: 20 N WICKER DR., STE. 3110
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH M MAJKO

PRES

03/20/2008

Electronic Signature of Signing Officer or Director

Date