2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# F01000003514

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JUDITH M. MAJKO PRES 03/01/2011

Electronic Signature of Signing Officer or Director — Date