2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# F02000003264

Entity Name: MIDWEST INSURANCE AGENCY, INC.

Current Principal Place of Business:

1420 KENSINGTON ROAD
SUITE 203
OAK BROOK, IL 60523

New Principal Place of Business:

Current Mailing Address:

1420 KENSINGTON ROAD
SUITE 203
OAK BROOK, IL 60523

New Mailing Address:

FEI Number: 36-4106875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P ( ) Delete
Name: OPFERMAN, DAN
Address: 13717 LOGAN DRIVE
City-St-Zip: ORLAND PARK, IL 60467

Title: DIR ( ) Delete
Name: BLACKWELL, WILLIAM
Address: 1055 CHAFFIELD ROAD
City-St-Zip: WINNETKA, IL 60093

Title: S ( ) Delete
Name: HAMMOND, TODD
Address: 711 DEVONSHIRE LANE
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: TR ( ) Delete
Name: WILLIAMS, JEFF
Address: 1000 BARBERRY LANE
City-St-Zip: MT. PROSPECT, IL 60056

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: BARTON, DEGRAAF J
Address: 1420 KENSINGTON ROAD SUITE 203
City-St-Zip: OAK BROOK, IL 60523

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARTON DEGRAAF VP 04/27/2005

Electronic Signature of Signing Officer or Director — Date