

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003929

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** ENCOMPASS INSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

2775 SANDERS ROAD  
NORTHBROOK, IL 60062

**New Principal Place of Business:**

**Current Mailing Address:**

3075 SANDERS ROAD, H1A  
NORTHBROOK, IL 60062

**New Mailing Address:**

**FEI Number:** 36-3976913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
PO BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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:** CFO  
**Name:** PILCH, SAMUEL H  
**Address:** 3075 SANDERS ROAD, H1A  
**City-St-Zip:** NORTHBROOK, IL 60062

**Title:** SEC  
**Name:** MCGINN, MARY J  
**Address:** 3075 SANDERS ROAD  
**City-St-Zip:** NORTHBROOK, IL 60062

**Title:** TR  
**Name:** VERNEY, STEVEN C  
**Address:** 3075 SANDERS ROAD, H1A  
**City-St-Zip:** NORTHBROOK, IL 60062

**Title:** VP  
**Name:** THOMPSON, MARK L  
**Address:** 2775 SANDERS, D7  
**City-St-Zip:** NORTHBROOK, IL 60062

**Title:** DIR  
**Name:** DUNNE, LAURA R  
**Address:** 3100 SANDERS ROAD, K4A  
**City-St-Zip:** NORTHBROOK, IL 60062

**Title:** PR  
**Name:** YOUNG, CYNTHIA H  
**Address:** 51 W. HIGGINS ROAD, S2A  
**City-St-Zip:** S. BARRINGTON, IL 60010

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:** LYNN CIRINCIONE

AREP

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date