2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003474

Entity Name: ENCOMPASS FLORIDIAN INSURANCE COMPANY

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	DERS ROAD OOK, IL 60062	6127				
Current Mailing Address:			New Mailii	New Mailing Address:		
	DERS ROAD, S OOK, IL 60062					
FEI Number:	20-1110782	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:		
PO BOX 62 200 E. GAII TALLAHAS	SEE, FL 32399 named entity su) US	pose of changing it	its registered office or registered agent, or b	oth,	
SIGNATUR	:E:					
		Signature of Registered Agent		Date		
Election Carr	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SEC () E NADIG, DAVID G 2775 SANDERS NORTHBROOK,	ROAD, A5	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition MCGINN, MARY J 3075 SANDERS ROAD, G5A NORTHBROOK, IL 60062		
Title: Name: Address: City-St-Zip:	TR () E VERNEY, STEVE 3075 SANDERS NORTHBROOK,	ROAD, G2B	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () [GARDNER, KARI 2775 SANDERS NORTHBROOK,	ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DIR () E YOUNG, CYNTHI 2775 SANDERS NORTHBROOK,	A H ROAD, D6	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DIR () E MICHELE, JOHN 51 W. HIGGINS F S. BARRINGTON	ROAD, S2A	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition DUNNE, LAURA R 3100 SANDERS ROAD, K4A NORTHBROOK, IL 60010		
Title: Name: Address: City-St-Zip:	GVP ()[PILCH, SAMUEL 3075 SANDERS NORTHBROOK,	ROAD, H1A	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: KATHERINE GREFSHEIM AD 04/09/2008