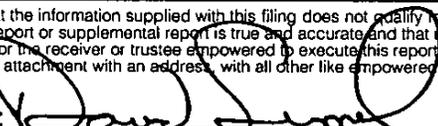


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90025 022 ***150.00

| | | | | | |
|--|--------------------------|--|---|---|--|
| DOCUMENT # F04000003475 | | | |  | |
| 1. Entity Name ENCOMPASS FLORIDIAN INDEMNITY COMPANY | | | | | |
| Principal Place of Business 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127 | | | Mailing Address 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 02282006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 20-1110680 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | CPD | <input checked="" type="checkbox"/> Delete | TITLE | Young, Cynthia H. CP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WENDT, DOUGLAS R | | NAME | 51 W. Higgins Rd. | |
| STREET ADDRESS | 2775 SANDERS ROAD | | STREET ADDRESS | 3. Barrington, IL 60010 | |
| CITY-ST-ZIP | NORTHBROOK, IL 600626127 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMONSON, ERIC A | | NAME | | |
| STREET ADDRESS | 2775 SANDERS ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTHBROOK, IL 600626127 | | CITY-ST-ZIP | | |
| TITLE | VS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NADIG, DAVID | | NAME | | |
| STREET ADDRESS | 2775 SANDERS ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTHBROOK, IL 600626127 | | CITY-ST-ZIP | | |
| TITLE | VTD | <input checked="" type="checkbox"/> Delete | TITLE | Vice President & Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZILS, JAMES P | | NAME | Verrey, Steven Carl | |
| STREET ADDRESS | 2775 SANDERS ROAD | | STREET ADDRESS | 3075 Sanders Rd. | |
| CITY-ST-ZIP | NORTHBROOK, IL 600626127 | | CITY-ST-ZIP | Northbrook, IL 60062 | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESTON, KRISTEN E | | NAME | | |
| STREET ADDRESS | 2775 SANDERS ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTHBROOK, IL 600626127 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | David Simek Authorized Representative <i>(847) 402-2629</i> Date _____ Daytime Phone # _____ | | |

#F04000003475

40038005

Name Encompass Floridian Indemnity Company

Reference ID

| Officer Name | Appointment Type | Date Appointed |
|--------------------------|--|----------------|
| Cirincione,Lynn | Authorized Representative | 10/18/2004 |
| Simek,Dave | Authorized Representative | 10/18/2004 |
| Bufalino,Nancy M. | Assistant Treasurer | 03/16/2005 |
| Paul,Barry Sajowitz | Assistant Treasurer | 03/19/2004 |
| Leston,Kristine Ellen | Assistant Secretary | 03/19/2004 |
| McGinn,Mary Jovita | Assistant Secretary | 07/30/2004 |
| Derrig,Joanne Marie | Assistant Vice President and Chief Privacy Officer | 03/19/2004 |
| Gardner,Karen Cassidy | Vice President | 03/19/2004 |
| Kelaheer,John Terrence | Vice President | 06/29/2005 |
| LaMonica,Michael Anthony | Vice President | 10/31/2005 |
| Larson,Jane M. | Vice President | 03/19/2004 |
| Nadig,David Glenn | Vice President, General Counsel and Secretary | 03/19/2004 |
| Verney,Steven Carl | Vice President and Treasurer | 03/16/2005 |
| Pilch,Samuel Henry | Group Vice President and Controller | 03/19/2004 |
| Simonson,Eric Allen | Senior Vice President and Chief Investment Officer | 03/19/2004 |
| Hale,Danny Lyman | Chief Financial Officer | 03/19/2004 |
| LaMonica,Michael Anthony | Director | 10/31/2005 |
| Micheli,John W. | Director | 06/29/2005 |
| Young,Cynthia H. | Director | 01/20/2006 |
| Young,Cynthia H. | Chairman of the Board and President | 01/20/2006 |