## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F04000003475

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NORTHBROOK, IL 600626127

LESTON, KRISTEN E

2775 SANDERS ROAD

FILED Apr 10, 2006 Secretary of State

Entity Name: ENCOMPASS FLORIDIAN INDEMNITY COMPANY **Current Principal Place of Business: New Principal Place of Business:** 2775 SANDERS ROAD NORTHBROOK, IL 600626127 **Current Mailing Address: New Mailing Address:** 2775 SANDERS ROAD NORTHBROOK, IL 600626127 FEI Number: 20-1110680 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: HCP ( ) Delete Title: (X) Change ( ) Addition YOUNG, CYNTHIA YOUNG, CYNTHIA Name: Name: 51 W. LIGGINE RD 51 W. HIGGINS ROAD, S2A Address: Address: BARRINGTON, IL 60010 City-St-Zip: BARRINGTON, IL 60010 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: SIMONSON, ERIC A Name: VERNEY, STEVEM C 2775 SANDERS ROAD 3075 SANDERS ROAD, H1A Address: Address: NORTHBROOK, IL 600626127 NORTHBROOK, IL 600626127 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition VS ( ) Delete Title: SEC NADIG, DAVID NADIG, DAVID G Name: Name: 2775 SANDERS ROAD 2775 SANDERS ROAD, A5 Address: Address: City-St-Zip: NORTHBROOK, IL 600626127 City-St-Zip: NORTHBROOK, IL 600626127 Title: VTD ( ) Delete Title: DIR (X) Change ( ) Addition VERNEY, STEVEN C LAMONICA, MICHAEL A Name: Name: Address: 3075 SANDERS RD Address: 2775 SANDERS ROAD, D6 City-St-Zip: NORTHBROOK, IL 60062 City-St-Zip: NORTHBROOK, IL 60062

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: LYNN CIRRINCIONE AR 04/10/2006

(X) Change ( ) Addition

( ) Change (X) Addition

MICHELI, JOHN W

PILCH, SAMUEL H 3075 SANDERS ROAD, H1A

51 W. HIGGINS ROAD, S2A

S. BARRINGTON, IL 60010

NORTHBROOK, IL 60062