2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006784

Entity Name: VISTA INSURANCE PARTNERS OF ILLINOIS, INC.

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 555 PLEASANTVILLE RD 6 WEST HUBBARD STREET STE 160 S CHICAGO, IL 60610 BRIARCLIFF MANOR, NY 10510 **New Mailing Address: Current Mailing Address:** 555 PLEASANTVILLE RD STE 160 S BRIARCLIFF MANOR, NY 10510 FEI Number: 36-4067081 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: SVP () Delete Title: (X) Change () Addition NEWBORN, II, ERNEST J Name: PAN, C. JEFF Name: 1445 ROSS AVENUE, SUITE 4200 555 PLEASANTVILLE RD STE 160 SOUTH Address: Address: City-St-Zip: DALLAS, TX 75202 City-St-Zip: BRIARCLIFF MANOR, NY 10510 Title: Title: () Delete (X) Change () Addition ESLICK, DAVID Name: Name: SCHNEIDER, ROBERT 555 PLEASANTVILLE RD STE 1605 555 PLEASANTVILLE RD STE 1605 Address: Address: BRIARCLIFF MANOR, NY 10510 BRIARCLIFF MANOR, NY 10510 City-St-Zip: City-St-Zip: Title: SVP () Delete Title: (X) Change () Addition RENNER, ALISON J RENNER, ALISON J Name: Name: 6 WEST HUBBARD STREET, 4TH FLOOR 6 WEST HUBBARD STREET, 4TH FLOOR Address: Address: CHICAGO, IL 60610 City-St-Zip: CHICAGO, IL 60610 City-St-Zip: Title: SVP () Delete Title: AS (X) Change () Addition BOWMAN, STÉPHANIE OBERST, NAMEE Name: Name: Address: 1445 ROSS AVENUE, SUITE 4200 Address: 555 PLEASANTVILLE RD STE 160 SOUTH City-St-Zip: DALLAS, TX 75202 City-St-Zip: BRIARCLIFF MANOR, NY 10510 Title: Title: () Delete () Change (X) Addition Name: Name: HESS, DAVE Address: 555 PLEASANTVILLE RD STE 160 SOUTH Address: City-St-Zip: City-St-Zip: BRIARCLIFF MANOR, NY 10510

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.

SIGNATURE: NAMEE OBERST AS 04/18/2006