2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# F04000006784

Entity Name: VISTA INSURANCE PARTNERS OF ILLINOIS, INC.

Current Principal Place of Business:

6 WEST HUBBARD STREET
CHICAGO, IL 60610

New Principal Place of Business:

Current Mailing Address:

555 PLEASANTVILLE RD
STE 160 S
BRIARCLIFF MANOR, NY 10510

New Mailing Address:

FEI Number: 36-4067081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	SD	( ) Delete
Name:	NEWBORN, II, ERNEST J	
Address:	555 PLEASANTVILLE RD STE 160 SOUTH	
City-St-Zip:	BRIARCLIFF MANOR, NY 10510	
Title:	T	( ) Delete
Name:	SCHNEIDER, ROBERT	
Address:	555 PLEASANTVILLE RD STE 1605	
City-St-Zip:	BRIARCLIFF MANOR, NY 10510	
Title:	P	( ) Delete
Name:	RENNER, ALISON J	
Address:	6 WEST HUBBARD STREET, 4TH FLOOR	
City-St-Zip:	CHICAGO, IL 60610	
Title:	AS	(X) Delete
Name:	OBERST, NAMEE	
Address:	555 PLEASANTVILLE RD STE 160 SOUTH	
City-St-Zip:	BRIARCLIFF MANOR, NY 10510	
Title:	AT	(X) Delete
Name:	HESS, DAVE	
Address:	555 PLEASANTVILLE RD STE 160 SOUTH	
City-St-Zip:	BRIARCLIFF MANOR, NY 10510	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	HESS, DAVE	
Address:	555 PLEASANTVILLE RD STE 1605	
City-St-Zip:	BRIARCLIFF MANOR, NY 10510	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: ERNEST J. NEWBORN, II SEC 02/23/2007

Electronic Signature of Signing Officer or Director — Date