2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000000164

1. Entity Name
FIRST NONPROFIT INSURANCE COMPANY

Principal Place of Business	Mailing Address
111 N CANAL ST., #801 CHICAGO, IL 60606	111 N CANAL ST., #801 CHICAGO, IL 60606

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3877576
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERRIMAN, PHILLIP
1335 SAXONY CIRCLE, APT 315
PUNTA GORDA, FL 33983

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	TARNOFF, MICHAEL
STREET ADDRESS	1 SOUTH FRANKLIN STREET 6TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	VC
NAME	KLAUS, ROBERT
STREET ADDRESS	410 NORTH MICHIGAN, SUITE 352
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	VC
NAME	ARSENAULT, DELBERT W
STREET ADDRESS	910 S MICHIGAN, UNIT 715
CITY-ST-ZIP	CHICAGO, IL 60607
TITLE	VC
NAME	TANKUS, HARRY
STREET ADDRESS	#11 A LANDMARK
CITY-ST-ZIP	NORTHFIELD, IL 60093
TITLE	D
NAME	CROFT, JIM W
STREET ADDRESS	ROOSEVELT ROAD & LAKE SHORE DRIVE
CITY-ST-ZIP	CHICAGO, IL 60605
TITLE	D
NAME	DUKES, RONALD
STREET ADDRESS	20 N WACKER DRIVE, SUITE 2010
CITY-ST-ZIP	CHICAGO, IL 60606

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05/11/06 80014-022 150.00

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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: _____ 4-30-06 312-627-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #