


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000003891</b> 1. Entity Name <b>PROSURE INSURANCE COMPANY</b>	
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Principal Place of Business <b>1645 EAST BIRCHWOOD AVENUE DES PLAINES, IL 60018</b>	Mailing Address <b>1645 EAST BIRCHWOOD AVENUE DES PLAINES, IL 60018</b>
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**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-2748795</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000946097</b> <b>05/30/08-80034-021 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD LUTZ, MICHAEL R 3435 N CICERO AVENUE CHICAGO, IL 60641
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABED, JANE M 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MIRZA, DAVID S 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZUSMAN, ALAN M 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARDIZZONE, JAMES K 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOZIOL, CHARLES T 1645 E BIRCHWOOD AVE DES PLAINES, IL 60018

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IN THIS SPACE**

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:**  **James K. Ardizzone** **4/25/08** **847 768 0040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #