## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000001977

Entity Name: AMERICAN PATRIOT INSURANCE AGENCY, INC.

FILED Mar 09, 2009 Secretary of State

•						
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
TWO WES	STBROOK CO	RPORATE CENTER				
	ESTER, IL 601	54				
Current Mailing Address:			New Maili	New Mailing Address:		
	STBROOK CO	RPORATE CENTER				
1000 WESTCH	ESTER, IL 601	54				
FEI Number: 62-1533992 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:			
1200 SOU	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD				
The above in the State	named entity see of Florida.	submits this statement for the p	urpose of changing i	ts registered off	ice or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	SCHOCH, MIKE	OOK CORPORATE CENTER #1000	Title: Name: Address: City-St-Zip:	P (X) C SCHOCH, MIKE 1443 S. PRAIRIE CHICAGO, IL 60		
Title: Name: Address: City-St-Zip:	HUELLEN, JUE	OOK CORPORATE CENTER #1000	Title: Name: Address: City-St-Zip:	T (X) C WILLENBORG, J 1331 N. WALNUT ARLINGTON HEIG	AVENUE	
Title: Name: Address: City-St-Zip:	LEO, KARL	Delete  OOK CORPORATE CENTER #1000 R, IL 60154	Title: Name: Address: City-St-Zip:	S (X) C LEO, KARL 2221 DERUSSEY HUNTSVILLE, AL		
Title: Name: Address: City-St-Zip:	HENDRICKS, D	OOK CORPORATE CENTER, SUITE	Title: Name: 1000 Address: City-St-Zip:	O (X) O HENDRICKS, DIA 4007 EAU CLAIR AFTON, WI 5350		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D () C URBANCIZ, DON 8636 PINE RIDGI FRANKFORT, IL		

I hereby certify that the information supplied with this filing does not qualify 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: JOHN WILLENBORG T 03/09/2009