

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006808

FILED
Jan 03, 2007
Secretary of State

Entity Name: APOLLO CASUALTY COMPANY OF ILLINOIS

Current Principal Place of Business:

1001 E TOUHY AVE SUITE 200
DES PLAINES, IL 60018

New Principal Place of Business:

1001 E TOUHY AVE
SUITE 200
DES PLAINES, IL 60018

Current Mailing Address:

1001 E TOUHY AVE SUITE 200
DES PLAINES, IL 60018

New Mailing Address:

1001 E TOUHY AVE
SUITE 200
DES PLAINES, IL 60018

FEI Number: 36-4039247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MESSINA, CHARLES
1180 SW 36TH AVE
POMPANO BEACH, FL 33069 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: C () Delete
Name: MORRIS, GLENN S
Address: 1001 E TOUHY AVE SUITE 200
City-St-Zip: DES PLAINES, IL 60018

Title: DS () Delete
Name: COHEN, RONALD
Address: 1901 RAYMOND DR SUITE 9
City-St-Zip: NORTHBROOK, IL 60062

Title: DPT () Delete
Name: HIMMELSTEIN, MARVIN
Address: 1001 E TOUHY AVE SUITE 200
City-St-Zip: DES PLAINES, IL 60018

Title: D () Delete
Name: WENIG, KALMAN
Address: 2400 BRAEBURN CT
City-St-Zip: RIVERWOODS, IL 60015

Title: VP () Delete
Name: LINGO, ESTHER V
Address: 1001 E TOUHY AVE SUITE 200
City-St-Zip: DES PLAINES, IL 60018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARVIN HIMMELSTEIN

PRES

01/03/2007

Electronic Signature of Signing Officer or Director

Date