## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000007709

Entity Name: ONECIS INSURANCE COMPANY

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
580 WATERS EDGE - STE 210 OAK CREEK CENTER LOMBARD, IL 601486432				2211 BUTTERFIELD ROAD DOWNERS GROVE, IL 60515		
Current Mailing Address:				New Mailing Address:		
SUITE 1	ST STATE RO					
FEI Number:	36-2738349	FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:		Name and	Address o	of New Registered Agent:
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323		e purpose o	f changing it	ts registere	d office or registered agent, or both,
SIGNATUR	RE:					
	Electron	nic Signature of Registered A	\gent			Date
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GUIMARAES, F	E RD 84-STE 1		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	TONG, RICHAF	E RD 84-STE 1		Title: Name: Address: City-St-Zip:		(X) Change ()Addition IO, LUIS TATE RD 84-STE 1 RDALE, FL 33325
Title: Name: Address: City-St-Zip:	HAIMES, BURT	6 5TH AVE 2139		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	VP MONDELLO 330 LYNNW LYNN, MA	AY, SUITE 403
Title: Name: Address: City-St-Zip:	RZONCA, GRE	EDGE-STE 210		Title: Name: Address: City-St-Zip:	2211 BUTTE	(X) Change ()Addition GREGORY F ERFIELD ROAD GROVE, IL 60515
Title: Name: Address: City-St-Zip:	VP ( MONDELLO, J. 330 LYNNWAY LYNN, MA 019	•		Title: Name: Address: City-St-Zip:		(X) Change () Addition THER B TATE RD 84-STE 1 (DALE, FL 33325

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: HEATHER B. BUSH AS 04/30/2009