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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

F9300005390 (0)

CONS ED	SUMER CREDIT INSURANCE	ASSOCIATION INCOF	RPORAT				
Principal Plac	ce of Business	Mailing Address			- I OUTHAD HIND HONDO HINN DOWN DEANY DOWN DOWN DOWN DAILE BUIDD HINN DOWN DO		
542 SOUTH DEARBORN STREET SUITE 400 CHICAGO IL 60605 542 SOUTH DEARBORN S SUITE 400 CHICAGO IL 60605			REET		3. Date Incorporated or Qualified 11/29/1993 4. FEI Number Applied For		
D					36-2192335 Not Applic	able	
Principal Place of Business Sulte, Apt. #, etc.		2a. Mailing Address 28			5. Certificate of Status Desired \$8.75 Additional Fee Required	àl	
⊢		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be		
City & Star	te	City & State			Trust Fund Contribution		
23		28			7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Counti	у	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent		
			8.	Name	.6		
RUNKLE, WALTER D			82 Street		et Address (P.O. Box Number is Not Acceptable)		
	UTLER BAY DRIVE NORTH				1		
WINDER	RMERE FL 34786		83	'			
]			64	City	85 Zip Code		
dd Dwy and the			46 1	<u> </u>	FL s z cons		
office or i	registered agent, or both, in the State	of Florida. Such change was a	es, the abov	re-named by the con	ed corporation submits this statement for the purpose of changing its register orporation's board of directors. I hereby accept the appointment as registered	red ad	
agent. La	am familiar with, and accept the obliga	ations of, Section 617.0503, Fig	orida Statute	s.	, , , , , , , , , , , , , , , , , , , ,	-	
SIGNATURE .	Signature, typed or printed name of registered age	ot and title if applicable (NOY	C B(-) 4-				
12.	OFFICERS AND		13.	jent signature	ure required when rehelating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	DELETÉ	1.1 TITLE		Change Add	ition	
NAME	JAMES E. POE		1.2 NAME		EVP/T		
STREET ADDRESS	307 WEST 7TH ST., STE 400		1.3 STREE	T ADDRESS	William F. Burfeind		
CITY-ST-ZIP	FORT WORTH TX		1.4 CITY-	ST-ZIP	542 S. Dearborn St. Ste 400		
TITLE	P	DELETE	2.1 TITLE		Chicago, IL	ition	
NAME	GARETH TOLMAN		2.2 NAME		C		
STREET ADDRESS	ONE MOODY PLAZA		2.3 STREE	T ADDRESS	Gareth Tolman		
CITY-ST-ZIP	GALVESTON TX		2. 4 CITY-	ST-ZIP	One Moody Plaza		
TITLE	D	☐ DELETE	3.1 TITLE		Galveston, TX ☐ Change ☐ Addi	ition	
NAME	Daniel R. O'Brien		3.2 NAME		P		
STREET ADDRESS	400 BENEFICIAL CENTER		3.3 STREE	T ADDRESS	Daniel O'Brien		
CITY-ST-ZIP	PEAPACK NJ		3.4. CITY-	ST-ZIP	400 Beneficial Center		
TALE	D	DELETE	4.1 TITLE		Peapack, NJ	tion	
NAME	DICK WILLIAMS		4. 2 NAME		VP		
STREET ADORESS	2501 N. MAIN ST.		1	F ADORESS	Dick Williams		
CITY-ST-ZIP TITLE	CROSSVILLE TX	DELETE	4.4 CITY-5	ST-ZIP	2501 N. Main Street		
NAME	D Gearhart, Lloyd E	- Derest	5.1 TITLE		Crossville, TX	lion	
STREET ADDRESS	510 LAKE COOK ROAD		5.2 NAME				
	DEERFIELD IL 60015		5.3 STREET				
CITY-ST-ZIP TITLE	DELINICAD IL DOVIO	DELETE	5.4 CITY-5 6.1 TITLE	ot-ZIP	☐ Change ☑ Addii	tion	
NAME			6.2 NAME		D CHANGE XX MORE	auti	
STREET ADDRESS			6.3 STREET	ADOREGE	James O. Shuler		
CITY-ST-ZIP			8.4 CITY O		1212 N. 96th Street		

14. I hereby certify that the Information supplied with this indicated on this annual report or suppliemental and officer or director of the corporation or the copyer of Block 12 or Block 13 if changed or an et achmen

6.4 CITY-ST-ZIP

es not ceally 0 the exemption stated in \$38.64 119.57(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an anonyowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in