

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003663

FILED
Apr 14, 2011
Secretary of State

Entity Name: CASTLE KEY INSURANCE COMPANY

Current Principal Place of Business:

780 CARILLON PARKWAY
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

3075 SANDERS ROAD, SUITE H1A
NORTHBROOK, IL 600627127 US

New Mailing Address:

FEI Number: 36-3586255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

OFFICERS AND DIRECTORS:

Title: CFO
Name: PILCH, SAMUEL H
Address: 3075 SANDERS ROAD, H1A
City-St-Zip: NORTHBROOK, IL 60062

Title: SEC
Name: MCGINN, MARY J
Address: 3075 SANDRS ROAD
City-St-Zip: NORTHBROOK, IL 600626127

Title: TR
Name: RIZZO, MARIO
Address: 3075 SANDERS RD
City-St-Zip: NORTHBROOK, IL 600627127

Title: DIR
Name: PILCH, SAMUEL H
Address: 3075 SANDERS ROAD, H1A
City-St-Zip: NORTHBROOK, IL 600627127

Title: DIR
Name: BRUNE, CATHERINE
Address: 2775 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: DIR
Name: PARSONS, JULIE
Address: 2775 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

I hereby 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 all other like empowered.

SIGNATURE: LYNN CIRRINCIONE

AREP

04/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date