

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90102 048 \*\*\*150.00

00000000



04042006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F96000005468</b> 1. Entity Name <b>PMG ASSET MANAGEMENT, INC.</b>					
Principal Place of Business <b>2500 WESTFIELD DR ELGIN, IL 60123</b>			Mailing Address <b>% CUMBERLAND LICENSING P.O. BOX 7543 CUMBERLAND, RI 02864 USA</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2500 WESTFIELD DRIVE</b> Suite, Apt. #, etc.		4. FEI Number <b>13-3909246</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>ELGIN, IL</b>		City & State <b>ELGIN, IL</b>			
Zip <b>60123</b>	Country <b>USA</b>	Zip <b>60123</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>SCHERRMAN, MICHAEL 2500 WESTFIELD DRIVE ELGIN, IL 60123</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT THOMAS P. HIGGINS 2500 WESTFIELD DRIVE ELGIN, IL 60123</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <b>RIESTERER, JAMIE 2500 WESTFIELD DRIVE ELGIN, IL 60123</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <b>MILLER, PAUL 2500 WESTFIELD DRIVE ELGIN, IL 60123</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>OLSON, KENNETH 2500 WESTFIELD DRIVE ELGIN, IL 60123</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <b>FRANK, JULIAN 2500 WESTFIELD DRIVE ELGIN, IL 60123</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>JAMES, HARLIN 1600 MCCONNOR PARKWAY, 11TH FL SCHAUMBURG, IL 60196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>		<b>FRANK JULIAN</b>		<b>4-4-06</b> Date	<b>847-930-8269</b> Daytime Phone #

ATTACHMENT  
20028053  
#F96000005468  
2006 Officer and Director List

**PMG Asset Management, Inc.**  
**Officers**

James L. Harlin Chairman	2500 Westfield Drive Elgin, Illinois 60123
Thomas P. Higgins President	2500 Westfield Drive Elgin, Illinois 60123
Jamie Riesterer Chief Financial Officer	2500 Westfield Drive Elgin, Illinois 60123
Frank Julian Secretary	2500 Westfield Drive Elgin, Illinois 60123
Paul K. Miller Chief Compliance Officer	2500 Westfield Drive Elgin, Illinois 60123

**PMG Asset Management, Inc.**  
**Directors**

James L. Harlin	2500 Westfield Drive Elgin, Illinois 60123
Thomas P. Higgins	2500 Westfield Drive Elgin, Illinois 60123
Kenneth Olson	2500 Westfield Drive Elgin, Illinois 60123



ATTACHMENT  
20028053  
#F96000005468

**Kathleen Longueil**  
Paralegal

Date April 6, 2006

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: **PMG Asset Management, Inc.**

Chase Insurance

Dear Sir or Madam:

2500 Westfield Drive  
Elgin, Illinois  
60123-7836

Enclosed please find a completed annual report for the above referenced company as well as check number 1605 in the amount of \$150.00 for payment of the filing fees.

Phone 847-930-7000

If you have any questions or need additional information, please call me at 847-930-8270.

Direct Phone 847-930-8270  
Direct Fax 847-874-0729

E-Mail

kathleen.longueil@jpmchase.com

Sincerely,

Kathleen Longueil  
Paralegal

Enclosures