
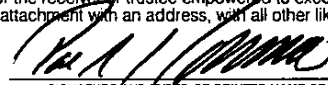


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2005 8:00 am**  
**Secretary of State**

07-06-2005 90032 017 \*\*\*150.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # F99000000625</b><br>1. Entity Name<br><b>AMERICAN COUNTRY INSURANCE COMPANY</b>   |   |  |   |                                  |  |
| Principal Place of Business<br><b>150 NORTHWEST POINT BLVD<br/>STE 300<br/>ELK GROVE VILLAGE, IL 60007-1040</b>   |   |  | Mailing Address<br><b>150 NORTHWEST POINT BLVD<br/>STE 300<br/>ELK GROVE VILLAGE, IL 60007-1040</b>                 |   |  |
| 2. Principal Place of Business  |   |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.   |   |  |
| City & State  |   |  | City & State  |   |  |
| Zip   |   | Country  |   | Zip   |  |
| Country   |   | Country  |   | 4. FEI Number<br><b>36-4168532</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHIEF FINANCIAL OFFICER<br/>P O BOX 6200 (32314-6200)<br/>200 E. GAINES ST<br/>TALLAHASSEE, FL 32399-0000</b>   |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |   |  |   | FL Zip Code   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PCEO<br>BECK, ROGER T<br>4200 NORTH OCEAN DR UNIT<br>ELK GROVE VILLAGE, IL 600071040              | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VCFO<br>ROMANO, PAUL A<br>4200 NORTH OCEAN DR UNIT<br>ELK GROVE VILLAGE, IL 600071040             | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VC<br>FRANCIS, MICHAEL G<br>150 NORTHWEST POINT BLVD STE 300<br>ELK GROVE VILLAGE, IL 600071040   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VU<br>FRIEDBERGER, JOAN F<br>150 NORTHWEST POINT BLVD STE 300<br>ELK GROVE VILLAGE, IL 600071040  | <input checked="" type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VA<br>GENNETT, CHRISTINE A<br>150 NORTHWEST POINT BLVD STE 300<br>ELK GROVE VILLAGE, IL 600071040 | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 150 Northwest Point Blvd., Suite 300  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 150 Northwest5Point Blvd., Suite 300  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 150 Northwest Point Blvd., Suite 300  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 150 Northwest5Point Blvd., Suite 300  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 150 Northwest Point Blvd., Suite 300  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 150 Northwest5Point Blvd., Suite 300  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Paul A. Romano</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date: <b>June 30, 2005</b> (847) 700-8200<br>Daytime Phone #  |   |  |

50054984



06282005 Chg-P CR2E034 (10/03)

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000000625

1. Entity Name  
AMERICAN COUNTRY INSURANCE COMPANY



ATTACHMENT

50024984

Principal Place of Business  
150 NORTHWEST POINT BLVD  
STE 300  
ELK GROVE VILLAGE, IL 60007-1040

Mailing Address  
150 NORTHWEST POINT BLVD  
STE 300  
ELK GROVE VILLAGE, IL 60007-1040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

36-4168532

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCEO  
BECK, ROGER T  
4200 NORTH OCEAN DR UNIT  
ELK GROVE VILLAGE, IL 600071040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
150 Northwest Point Blvd, Ste 300

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCEO  
ROMANO, PAUL A  
4200 NORTH OCEAN DR UNIT  
ELK GROVE VILLAGE, IL 600071040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
150 Northwest Point Blvd, Ste 300

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VC  
FRANCIS, MICHAEL G  
150 NORTHWEST POINT BLVD STE 300  
ELK GROVE VILLAGE, IL 600071040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VU  
FRIEDBERGER, JOAN F  
150 NORTHWEST POINT BLVD STE 300  
ELK GROVE VILLAGE, IL 600071040 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VA  
GENNETT, CHRISTINE A  
150 NORTHWEST POINT BLVD STE 300  
ELK GROVE VILLAGE, IL 600071040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

Roger T. Beck

March 7, 2005

(847) 700-8200

ATTACHMENT  
#F990000000625-  
50054984

June 30, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

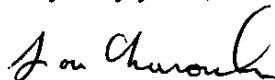
RE: Non Receipt of the 2005 For Profit Corporation Annual Report for American  
Country Insurance Company

Dear Sir or Madam:

The purpose of this writing is in response to your notice that you did not receive the Corporation Annual Report by May 1, 2005. The original documents were mailed on March 16, 2005 and apparently were lost in the mail. Therefore, please find enclosed a new 2005 For Profit Corporation Annual Report with original signature and a reissued check for the original fee of \$150.00.

Also, please find attached copies of the original documents mailed on March 16, 2005 which include the 2005 For Profit Corporation Annual Report dated March 7, the original check and a copy of the certified mail receipt dated March 16 as proof that these documents were sent by the May 1 due date.

Very truly yours,



Louis Charouhis  
Accounting Department  
American Country Insurance Company

# AMERICAN COUNTRY INSURANCE COMPANY ATTACHMENT

#E99000000625  
50054984

VENDOR FLOR005752

CHECK NO. 0001006922

| DESCRIPTION                           | NET AMOUNT |
|---------------------------------------|------------|
| INVOICE #: 36-4168532/3               | 150.00     |
| INVOICE DESCRIPTION: 2005ProfAnn Rept |            |
| 7202020200-00-0540-000000-FL AP       | 150.00     |
| 2200500000-00-0000-000000-00 AP       | 150.00CR   |
| CHECK TOTAL                           | 150.00     |

VENDOR FLOR005752

CHECK NO. 0001006922

| DESCRIPTION                           | NET AMOUNT |
|---------------------------------------|------------|
| INVOICE #: 36-4168532/3               | 150.00     |
| INVOICE DESCRIPTION: 2005ProfAnn Rept |            |
| 7202020200-00-0540-000000-FL AP       | 150.00     |
| 2200500000-00-0000-000000-00 AP       | 150.00CR   |
| CHECK TOTAL                           | 150.00     |

## AMERICAN COUNTRY INSURANCE COMPANY

150 Northwest Point Blvd., Suite 300  
Elk Grove Village, IL 60007-1040  
(847) 700-8200

LaSalle Bank N.A.  
Chicago, Illinois 60603

| Check No.  | Check Date | Vendor No. |
|------------|------------|------------|
| 0001006922 | 03/15/2005 | FLOR005752 |

2-50  
710

| CHECK AMOUNT  |
|---------------|
| \$*****150.00 |

PAY ONE HUNDRED FIFTY AND 00/100 DOLLARS

TO THE ORDER OF

FILE COPY

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

BY \_\_\_\_\_  
AUTHORIZED SIGNATURE

BY \_\_\_\_\_  
AUTHORIZED SIGNATURE

ATTACHMENT  
#F99000000625-  
50054984

7002 2410 0002 2519 6964

|  |        |
|--|--------|
| <b>U.S. Postal Service™</b>  |        |
| <b>CERTIFIED MAIL™ RECEIPT</b>   |        |
| (Delivered to) Lou Charouhis ACIC 3r Floor (Address)   |        |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |        |
| <b>OFFICIAL USE</b>  |        |
| ACIC Postage   | \$ 60  |
| Certified Fee  | 230    |
| Return Receipt Fee<br>(Endorsement Required)   | 175    |
| Restricted Delivery Fee<br>(Endorsement Required)  |        |
| Total Postage & Fees   | \$ 465 |

Sent To  
Division of Corporations  
Street, Apt. No.;  
or PO Box No. P.O. Box 1500  
City, State, ZIP+4  
Tallahassee, FL 32302-1500

PS Form 3800, June 2002 See Reverse for Instructions

