2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F99000000625

1. Entity Name
AMERICAN COUNTRY INSURANCE COMPANY



FILED Jul 06, 2005 8:00 am Secretary of State 07-06-2005 90032 017 ***150.00

					ES.					
150 NORTHWEST POINT BLVD 1		Mailing Address 150 NORTHWEST POINT BLVD STE 300		50054984				984		
ELK GROVE \	/ILLAGE, IL 60007-1040	ELK GROVE VILLAGE,	IL 6000	7-1040						
2. Principal P	face of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				06282005	Chg-P	CR2E0	34 (10/03)	
City & State	e	City & State				4. FEI Numb			_ 	olied For Applicable
Zip	Country	Zip	Coun	ntry			of Status Desired		\$8.75 Addit	tional
	6. Name and Address of Current	Registered Agent	.t	1		7. Name and	Address of New			
CHIEF EIN	IANCIAL OFFICER			Name	***					
	5200 (32314-6200)				Street Address (P.O. Box Number is Not Acceptable)					
	SSEE, FL 32399-0000									
				City				FL	Zip Code	
the obligat	ions of registered agent. Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	ed Agent signature	e required	when reinstating)		DATE		
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Camp Trust Fund Cor				.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	IN 11
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NAME	FRANCIS, MICHAEL G		NAM	-			*	•		
STREET ADDRESS	150 NORTHWEST POINT BLVD		1	EET ADDRESS			* *			
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NAME			NAM							
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP				/-ST-ZIP		<u>.</u>				
12. I hereby	certify that the information supplied with	this filing does not qualify f	or the exe	emption state	d in Se	ection 119.07(3)	(i), Florida Statutes	s. I further cert	ify that the inf	ormation

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 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.

June 30, 2005 (847) 700-8200

2005 FOR PROFIT CORPORATION

ATTACHMENT	ANNUAL KEPURI										
150 NORTHWEST POINT BLVD STE 200	1. Entity Name						ATTACHMENT				
ELK GROW VILLAGE, IL 50007-1040 2. Principal Place of Suriness 3. Mailing Address Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Cry & State Chy & State Chy & State Chy & State Country Zip Country Zip Country Size Address Status Desired 8. Name and Address of Coursent Registered Agent 7. Name and Address of Nature Desired Res Registered Pol BOX 6200 (22314-6200) 200 E. GAINNES ST TALLAHASSEE, FL 32399-0000 Chy FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Chy FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Chy FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Dry FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Dry FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Dry FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Dry FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Dry FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Dry FL Dry Zip Code Street Address (P.O. Box Number is Not Acceptable) Dry FL Zip Code Dry FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Dry FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Dry FL Zip Code Dry FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Dry Trust Fund Contribution. Street Address (P.O. Box Number is Not Acceptable) Dry Trust Fund Contribution. Street Address (P.O. Box Number is Not Acceptable) Dry Trust Fund Contribution. Street Address (P.O. Box Number is Not Acceptable) Dry Trust Fund Contribution. Street Address (P.O. Box Number is Not Acceptable) Dry Trust Fund Contribution. Street Address (P.O. Box Number is Not Acceptable) Dry Trust Fund Contribution. Street Address (P.O. Box Number is Not Acceptable) Dry Trust Fund Contribution. Street Address (P.O. Box Number is Not Acceptable) Dry Trust Fund Contribution. Street Address (P.O. Box Nu	Principal Plac	e of Business	Mailing Address								
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E. Name and Address of Current Registered Agent 7. Name 7. Name 7. Name 1. Name	City & Stat	e .	City & State								
E. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spream, typed or prised name of registered sport. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL ADDITIONS/CHANGES T	Zip	Country	Zip	Count	try		5. Certificate	of Status Desire	d 🗀		
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12. I hereby certify that the information supplied with this filling 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 suppliemental 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:

The Day

Roger T. Beck

March 7, 2005

(847) 700-8200

#F9900000045-50054984

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

Jon Charon

American Country Insurance Company

AMERICAN COUNTRY INSURANCE COMPANY ATTACHMENT

#F990000000055

		VENDOR FLORO05752	CHEC	K NO. 0001006922
	DESCRIPTION			NET AMOUNT
INVOICE #: 36-4168532/3 INVOICE DESCRIPTION: 2005Prof/	AnniBont			150.00
7202020200-00-0540-000000-FL	AP .			150.00
2200500000-00-0000-000000-00	AP	CHECK	TOTAL	150.00CR 150.00
			1	

VENDOR FLOR005752 CHECK NO 0001006922 DESCRIPTION NET AMOUNT INVOICE #: 36-4168532/3 150.00 INVOICE DESCRIPTION: 2005ProfAnnIRept 7202020200-00-0540-000000-FL AΡ 150.00 150.00CR 150.00 2200500000-00-0000-000000-00 ΑP CHECK TOTAL

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

ONE HUNDRED FIFTY AND 00/100 DOLLARS

TO THE ORDER OF

PAY

FILE COPY

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

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

2-50 710

S*******150.00

BY	AUTHORIZED SIGNATURE	
BY	AUTHORIZED SIGNATURE	

#F99000000625-50054984

	U.S. Postal Service™						
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1	Lou Charouhis ACIC 3r Floor						
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000	Certifled Fee	230	14/				
	Return Reciept Fee (Endorsement Required)	175					
2430	Restricted Delivery Fee (Endorsement Required)	<u> </u>	ENK GROVELL				
	Total Postage & Fees	\$ 465	K GROV				
7002	S						
•	or PO Box No. P.O. Box 1500						
!	City, State, ZIP+4 Tallahassee	, FL 32302-15	500				
	PS Form 3800, June 2002 Scc Reverse for Instructions						

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