


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-06-2005 90032 017 ***150.00

DOCUMENT # F99000000625

1. Entity Name
AMERICAN COUNTRY INSURANCE COMPANY



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

50054984



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

06282005 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
36-4168532 Not Applicable

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
	State Zip Code FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005


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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Northwest Point Blvd., Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ROMANO, PAUL A 4200 NORTH OCEAN DR UNIT ELK GROVE VILLAGE, IL 600071040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Northwest5Point Blvd., Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FRANCIS, MICHAEL G 150 NORTHWEST POINT BLVD STE 300 ELK GROVE VILLAGE, IL 600071040 <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	VU FRIEDBERGER, JOAN F 150 NORTHWEST POINT BLVD STE 300 ELK GROVE VILLAGE, IL 600071040 <input checked="" 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	VA GENNETT, CHRISTINE A 150 NORTHWEST POINT BLVD STE 300 ELK GROVE VILLAGE, IL 600071040 <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	<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 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.

SIGNATURE:  **Paul A. Romano** **June 30, 2005 (847) 700-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000000625 1. Entity Name AMERICAN COUNTRY INSURANCE COMPANY	
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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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02102005	Chg-P	CR2E034 (10/03)
4. FEI Number 36-4168532	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECK, ROGER T			NAME	150 Northwest Point Blvd, Ste 300		
STREET ADDRESS	4200 NORTH OCEAN DR UNIT			STREET ADDRESS	150 Northwest Point Blvd, Ste 300		
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 600071040			CITY-ST-ZIP	150 Northwest Point Blvd, Ste 300		
TITLE	VCFO	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMANO, PAUL A			NAME	150 Northwest Point Blvd, Ste 300		
STREET ADDRESS	4200 NORTH OCEAN DR UNIT			STREET ADDRESS	150 Northwest Point Blvd, Ste 300		
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 600071040			CITY-ST-ZIP	150 Northwest Point Blvd, Ste 300		
TITLE	VC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCIS, MICHAEL G			NAME			
STREET ADDRESS	150 NORTHWEST POINT BLVD STE 300			STREET ADDRESS			
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 600071040			CITY-ST-ZIP			
TITLE	VU	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRIEDBERGER, JOAN F			NAME			
STREET ADDRESS	150 NORTHWEST POINT BLVD STE 300			STREET ADDRESS			
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 600071040			CITY-ST-ZIP			
TITLE	VA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GENNETT, CHRISTINE A			NAME			
STREET ADDRESS	150 NORTHWEST POINT BLVD STE 300			STREET ADDRESS			
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 600071040			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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

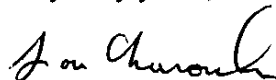
RE: Non Receipt of the 2005 For Profit Corporation Annual Report for American
Country Insurance Company

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

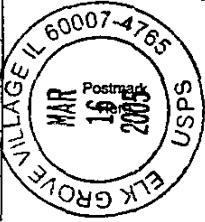
7002 2410 0002 2519 6964

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Lou Charouhis ACIC 3r Floor

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OFFICIAL USE

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Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (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