

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90068 042 ***150.00

DOCUMENT # F99000000625

1. Entity Name
AMERICAN COUNTRY INSURANCE COMPANY



Principal Place of Business
**222 N. LASALLE ST., STE. 1600
CHICAGO IL 60601-1105**

Mailing Address
**222 N. LASALLE ST., STE. 1600
CHICAGO IL 60601-1105**

2. Principal Place of Business
500 West Madison St

3. Mailing Address
500 West Madison St

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State
Chicago, IL

City & State
Chicago, IL

Zip
60661-4544

Country
USA

Zip
60661-4544

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4168532**

Applied For
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

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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
DORE, JOHN A
222 N. LASALLE ST., STE. 1600
CHICAGO IL 60601-1105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500 West Madison Street, Suite 600
Chicago, IL 60661-4544** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
DELEO, DANIEL R
222 N. LASALLE ST., STE. 1600
CHICAGO IL 60601-1105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500 West Madison Street, Suite 600
Chicago, IL 60661-4544** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCP
VIOLETTA, KARLA M
222 N. LASALLE ST., STE. 1600
CHICAGO IL 60601-1105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President/CFO
Paul A. Romano
500 West Madison Street, Suite 600
Chicago, IL 60661-4544** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FRANCIS, MICHAEL G
222 N. LASALLE ST., STE. 1600
CHICAGO IL 60601-1105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500 West Madison Street, Suite 600
Chicago, IL 60661-4544** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FRIEDBERGER, JOAN F
222 N. LASALLE ST., STE. 1600
CHICAGO IL 60601-1105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500 West Madison Street, Suite 600
Chicago, IL 60661-4544** ☒ 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)(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* **Paul A. Romano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/03

(312) 373-4412

Date

Daytime Phone #

CR2E034 (10/02)