## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G80292

Entity Name: ENCOMPASS INDEMNITY COMPANY

FILED Feb 01, 2007 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:			
2775 SAND	ERS ROAD OOK, IL 60062					
Current Mailing Address:			New Mailir	New Mailing Address:		
3075 SANDERS RD HIA NORTHBROOK, IL 600627127 US						
		FEI Number Not Appli	licable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: N			Name and	Address of New Registered Agent:		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US						
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.						
SIGNATURE:						
		c Signature of Registered Agent	t	Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	CFO () I HALE, DANNY L 2775 SANDERS NORTHBROOK,	•	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SEC () I NADIG, DAVID G 2775 SANDERS NORTHBROOK,	RD, A5	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TR () I VERNEY, STEVE 3075 SANDERS NORTHBROOK,	ROAD, G2H	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DIR () I YOUNG, CYNTH 51 W. HIGGINS S. BARRINGTON	IA H ROAD, S2A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DIR () I MICHELE, JOHN 51 W. HIGGINS S. BARRINGTON	ROAD, S2A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DIR () I LAMONICA, MIC 2775 SANDERS NORTHBROOK,	ROAD, D6	Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition FOGARTY, FRANCES K 2775 SANDERS ROAD, D6 NORTHBROOK, IL 60062		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN CIRRINCIONE AR 02/01/2007