

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90176 050 ***150.00

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DOCUMENT # **J94906**

1. Corporation Name

OAK CASUALTY INSURANCE COMPANY

Principal Place of Business

**137 N OAK PARK AVE
OAK PARK IL 60301
US**

Mailing Address

**137 N OAK PARK AVE
OAK PARK IL 60301
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1988

4. FEI Number

36-3582683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **BURMEISTER, ALFRED**
STREET ADDRESS **9148 S. RICHMOND**
CITY-ST-ZIP **EVERGREEN PARK IL**

TITLE **DP** ☐ DELETE

NAME **MATIGIAN, MATT**
STREET ADDRESS **137 N OAK PARK AVE**
CITY-ST-ZIP **OAK PARK IL 60301**

TITLE **D** ☐ DELETE

NAME **LIZZADRO, ROSEMARY L.**
STREET ADDRESS **4701 BAYVIEW DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DC** ☒ DELETE

NAME **ALBANO, LOUIS**
STREET ADDRESS **1010 N. HARLEM AVE.**
CITY-ST-ZIP **RIVER FOREST IL**

TITLE **DV** ☐ DELETE

NAME **MATIGIAN, DIANE**
STREET ADDRESS **137 N OAK PARK AVE**
CITY-ST-ZIP **OAK PARK IL 60301**

TITLE **D** ☐ DELETE

NAME **Sheehy, James P.**
STREET ADDRESS **137 N. Oak Park Ave**
CITY-ST-ZIP **Oak Park, IL 60301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James P. Sheehy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(708) 386-1646

Daytime Phone #

CR2E034 (11/98)