

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P10066 (9)

1. Corporation Name

FORUM INSURANCE COMPANY



Principal Place of Business

Mailing Address

200 N MARTINDALE ROAD  
SCHAUMBURG IL 60173-2096  
US

200 N. MARTINGALE RD  
SCHAUMBURG IL 60173-2096  
US

3. Date Incorporated or Qualified  
05/09/1986

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 200 N. MARTINGALE ROAD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
05-0303803

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32301

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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME SCHULTZ, JACK R  
STREET ADDRESS 200 N MARTINGALE RD  
CITY- ST- ZIP SCHAUMBURG IL

TITLE VD ☐ DELETE

NAME PORTELLI, ALAN F.  
STREET ADDRESS 200 N. MARTINGALE RD.  
CITY- ST- ZIP SCHAUMBURG IL

TITLE SVD ☐ DELETE

NAME EUWEMA, JOHN B  
STREET ADDRESS 200 N. MARTINGALE RD.  
CITY- ST- ZIP SCHAUMBURG IL

TITLE TV ☐ DELETE

NAME CASEY, PATRICK J  
STREET ADDRESS 200 N. MARTINGALE RD.  
CITY- ST- ZIP SCHAUMBURG IL

TITLE S ☐ DELETE

NAME MOYER, LYMAN C. (ASST.)  
STREET ADDRESS 200 N. MARTINGALE RD.  
CITY- ST- ZIP SCHAUMBURG IL

TITLE P ☐ DELETE

NAME GALLAGHER, RICHARD C  
STREET ADDRESS 200 N MARTINGALE ROAD  
CITY- ST- ZIP SCHAUMBURG IL

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY- ST- ZIP

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY- ST- ZIP

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY- ST- ZIP

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY- ST- ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY- ST- ZIP

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Jack R. Schultz* Jack R. Schultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 1996 (847) 605-4543

Date

Daytime Phone #

CR2E034 (12/95)