

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 4:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P39846 (1)

1. Corporation Name

HALLBERG DIRECT INSURANCE COMPANY

Principal Place of Business

**6640 S CICERO AVE
BEDFORD PARK FL 80638
US**

Mailing Address

**6640 S CICERO AVE
BEDFORD PARK IL 60638
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1992

3a. Date of Last Report

03/22/1994

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

29

30

4. FEI Number

36-3614264

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

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

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 with title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP**
NAME **HALLBERG, JAMES PATRICK**
STREET ADDRESS **12352 SOUTH NASHVILLE**
CITY, ST, ZIP **PALOS HEIGHTS IL**

TITLE **VC**
NAME **HALLBERG, PATRICIA**
STREET ADDRESS **12352 SOUTH NASHVILLE**
CITY, ST, ZIP **PALOS HEIGHTS IL**

TITLE **D**
NAME **ROSENSTEIN, MICHAEL J.**
STREET ADDRESS **18319 ROBIN LANE**
CITY, ST, ZIP **HOMEWOOD IL**

TITLE **S**
NAME **RANDANT, GARY R.**
STREET ADDRESS **800 SOUTH EMERSON**
CITY, ST, ZIP **MT PROSPECT IL**

TITLE **T**
NAME **JONYNAS, DONNA O**
STREET ADDRESS **14356 GIERO DR W**
CITY, ST, ZIP **LOCKPORT IL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

**10929 Atwood Court
Orland Park, IL 60462**

6.1 TITLE ☐ Change ☐ Addition

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 110.07(3)(b), 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:

Donna D. Jonynas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donna D. Jonynas, Treasurer

4/14/95

(708) 233-1070