2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P40558

Entity Name: SUA INSURANCE COMPANY

FILED Oct 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
222 S. RIVERSIDE PLAZA, STE. 1600 CHICAGO, IL 60606 US				222 S. RIVERSIDE PLAZA SUITE 1600 CHICAGO, IL 60606 US		
Current Mailing Address:				New Mailing Address:		
222 S. RIVERSIDE PLAZA, STE. 1600				222 S. RIVERSIDE PLAZA		
CHICAGO, IL 60606 US			SUITE 1600 CHICAGO, IL 60606 US			
FEI Number:	23-2182777	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and A					Address of N	ew 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: SCOTT W. GOODREAU						
	Electronic	Signature of Registered Agen	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SMITH, COURTN	DE PLAZA, STE. 1600		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	JOKIEL, PETER	DE PLAZA, STE. 1600		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	GOODREAU, SC	DE PLAZA, STE. 1600		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	FERGUSON, GA	DE PLAZA, STE. 1600		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	CHARBONNEAU,	DE PLAZA, STE. 1600		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	CACCHIONE, DA	DE PLAZA, STE. 1600		Title: Name: Address: City-St-Zip:	CACCHIONE, DA	DE PLAZA, STE. 1600

I hereby certify that the information supplied with this filing does not qualify 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: COURTNEY C. SMITH CEO 10/22/2009