

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90002 005 \*\*\*150.00

**DOCUMENT # P96000032237**  
 1. Entity Name  
**K & K INSURANCE GROUP OF FLORIDA, INC**

Principal Place of Business <b>123 N WACKER DR CHICAGO IL 60606</b>	Mailing Address <b>TAX DEPT PO BOX 8264 CHICAGO IL 60630</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3383579</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

**659795**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE**  
**ISLAND ROADPLANTATION FL 33324**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW !! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>REPASS, JOSEPH</b> <b>123 N WACKER DR</b> <b>CHICAGO IL 60606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>HARDY, ARLENE H</b> <b>123 N WACKER DR</b> <b>CHICAGO IL 60606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>JESCHKE, ARLENE</b> <b>123 N WACKER DR</b> <b>CHICAGO IL 60606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MONTERO, GERALD</b> <b>123 N WACKER DR</b> <b>CHICAGO IL 60606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO/D</b> <b>LUNSFORD, STEPHEN</b> <b>123 N WACKER DR</b> <b>CHICAGO IL 60606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>BAER, JEROME I</b> <b>123 N WACKER DR</b> <b>CHICAGO IL 60606</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VANBURK, WILLIAM B.</b> <b>123 N. WACKER DR.</b> <b>CHICAGO, IL 60606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>AIGOTTI, DIANE</b> <b>123 N. WACKER DR.</b> <b>CHICAGO, IL 60606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jerome I Baer **JEROME I. BAER VP-TAXES** 4/21/01 **312-701-3600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)