2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2014
Secretary of State
CC3686833516

DOCUMENT# F05000000164

Entity Name: FIRST NONPROFIT INSURANCE COMPANY

Current Principal Place of Business:

1 SOUTH WACKER DRIVE
SUITE 2380
CHICAGO, IL 60606

Current Mailing Address:

1 SOUTH WACKER DRIVE
SUITE 2380
CHICAGO, IL 60606

FEI Number: 36-3877576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERRIMAN, PHILLIP
1335 SAXONY CIRCLE
APARTMENT #315
PUNTA GORDA, FL 33983 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CFO, TREASURER
Name	DACEY, RICHARD J
Address	1 SOUTH WACKER DRIVE, SUITE 2380
City-State-Zip:	CHICAGO IL 60606

Title	ASST. TREASURER
Name	HALBERSTAM, CHAIM
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	VP
Name	JOHNSON , JEFFREY
Address	800 SUPERIOR AVE E, 21ST FLOOR
City-State-Zip:	CLEVELAND OH 44114

Title	VP
Name	MOSES , BARRY
Address	800 SUPERIOR AVE E, 21ST FLOOR
City-State-Zip:	CLEVELAND OH 44114

Title	PRESIDENT
Name	WHITE, ROBERT A
Address	1 SOUTH WACKER DRIVE SUITE 2380
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	HOLLANDER , STUART
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	DIRECTOR
Name	KARKOWSKY, ADAM
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	DIRECTOR, VP
Name	SCHLACHTER , HARRY
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN UNGAR SECRETARY 04/23/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, SECRETARY
Name	UNGAR , STEPHEN
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038

Title	DIRECTOR
Name	ZYSKIND, BARRY
Address	59 MAIDEN LANE, 43RD FLOOR
City-State-Zip:	NEW YORK NY 10038