

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003513

**FILED**  
**Mar 20, 2015**  
**Secretary of State**  
**CC1027343933**

**Entity Name:** REPUBLIC INSURED CREDIT SERVICES, INC.

**Current Principal Place of Business:**

307 N. MICHIGAN AVE.  
CHICAGO, IL 60601

**Current Mailing Address:**

307 N. MICHIGAN AVE.  
CHICAGO, IL 60601

**FEI Number: 36-2349718**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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 P  
Name MILAZZO, LEONARD  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

Title SECRETARY  
Name BRAUER, CARL H  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name MILAZZO, LEONARD S.  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name HENRY, KEVIN  
Address 101 N. CHERRY ST.  
City-State-Zip: WINSTON-SALEM NC 27101

Title VP  
Name TAYLOR, EMANUEL L III  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

Title TREASURER  
Name JASSO, FRANK  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

Title VP  
Name SZCZEPKOWSKI, PHILIP M  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

Title VP  
Name MATHIS, TREVA N  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

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*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: CARL H. BRAUER**

**SECRETARY**

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name OUVERSON, ANNGELA M  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name LEROY, SPENCER III  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

Title VP  
Name MARK, WYMAN B  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name ZUCARO, ALDO C  
Address 307 N. MICHIGAN AVE.  
City-State-Zip: CHICAGO IL 60601