

# UNOFFICIAL COPY

FORM **BCA 12.45/13.6** (rev. Dec. 2003)  
**APPLICATION FOR REINSTATEMENT**  
**DOMESTIC/FOREIGN CORPORATIONS**  
Business Corporation Act



Doc#: 1015549041 Fee: \$38.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 06/04/2010 12:41 PM Pg: 1 of 1

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62756  
217-782-1837 (foreign)  
217-785-5782 or 217-782-5797 (domestic)  
www.cyberdriveillinois.com

**FILED**  
**MAY 19 2010**  
**JESSE WHITE**  
**SECRETARY OF STATE**

Remit payment in the form of a cashier's check, certified check, money order, Illinois attorney's check payable to Secretary of State.

See notes on back.

File # 6681-813-6 Filing Fee: \$200 Approved: db

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

- a. Corporate Name as of date of issuance of Certificate of Dissolution or Revocation:  
UNITED GROUP INSURANCE SERVICES CO.
- b. Corporate Name if changed: (See Note 2.)  
\_\_\_\_\_
- c. If a foreign corporation having authority under an assumed corporate name restriction, the Assumed Corporate Name (See Note 3.)  
\_\_\_\_\_

2. State of Incorporation: IL

3. Date Certificate of Dissolution or Revocation issued: 3-12-2010

4. Name and Address of Illinois Registered Agent and the Illinois Registered Office upon reinstatement:  
**NOTICE:** Completion of Item 4 does not constitute a registered agent or office change. (See Note 4.)

Registered Agent DENNIS W CONLEY  
First Name Middle Name Last Name

Registered Office 1400 N. GANNON DRIVE, 2ND FLOOR  
Number Street Suite # (P.O. Box alone is unacceptable)

HOFFMAN ESTATES IL 60169 COOK  
City ZIP Code County

- This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required. (See Note 1.)
- The undersigned corporation has caused this application to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. (All signatures must be in **BLACK INK.**)

Dated APRIL 5, 2010  
Month & Day Year

UNITED GROUP INSURANCE SERVICES CO.  
Exact Name of Corporation

Any Authorized Officer's Signature  
DENNIS CONLEY, PRES.  
Name and Title (type or print)