

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Workman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **840743** (9)

1. Corporation Name

ILLINOIS NATIONAL INSURANCE CO.

Principal Place of Business

Mailing Address

500 W. MADISON ST.
CHICAGO IL 60606-2511
US

70 PINE ST.
27TH FLOOR
NEW YORK NY 10270
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/31/1978** 3a. Date of Last Report **06/03/1994**

4. FEI Number **37-0344310** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under S. 190.022, Florida Statutes Yes No

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt #, etc	27	Suite, Apt #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Register: Sign or print name of registered agent and title (if applicable)

10/11 Registered Agent (signature required when necessary)

13/11

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	FOLEY, PATRICK J.
STREET ADDRESS	TWO FOX MEADOW RD.
CITY, ST, ZIP	SCARSDALE NY
TITLE	V
NAME	MATTHEWS, EDWARD E.
STREET ADDRESS	45 MONTADALE CIRCLE
CITY, ST, ZIP	PRINCETON NJ
TITLE	V
NAME	LIPSETT, LLOYD W.
STREET ADDRESS	1750 ELM STREET
CITY, ST, ZIP	MANCHESTER NH 03105
TITLE	PD
NAME	DAVIS, JAMES S.
STREET ADDRESS	THREE GARNET LANE
CITY, ST, ZIP	LAWRENCEVILLE NJ
TITLE	S
NAME	TUCK, ELIZABETH
STREET ADDRESS	70 PINE ST.
CITY, ST, ZIP	NEW YORK NY 10270
TITLE	VC
NAME	GUERIN, JAMES L.
STREET ADDRESS	405 HILL ST.
CITY, ST, ZIP	MANCHESTER NH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	V, T
63 STREET ADDRESS	Michael J. Bastelli
64 CITY, ST, ZIP	99 John Street New York NY 10028

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth M. Tuck*
REGISTERING AND FILING OFFICE OF SECRETARY OF STATE OF FLORIDA

4-01-95 (20) 770-7000
Date System, Florida