

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840743

FILED  
Jul 21, 2011  
Secretary of State

**Entity Name:** ILLINOIS NATIONAL INSURANCE CO.

**Current Principal Place of Business:**

300 SOUTH RIVERSIDE PLAZA  
CHICAGO, IL 60606 US

**New Principal Place of Business:**

**Current Mailing Address:**

175 WATER STREET  
NEW YORK, NY 10038 US

**New Mailing Address:**

**FEI Number:** 37-0344310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STATE INSURANCE COMMISSIONER  
CAPITAL BLDG  
TALLAHASSEE, FL 32304 US

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

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

**OFFICERS AND DIRECTORS:**

Title: EVPD  
Name: DOYLE, JOHN P  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038 US

Title: S  
Name: BUTKOVIC, DENIS  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038 US

Title: EVP  
Name: FIELDS, DAVID H JR.  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038 US

Title: SVP  
Name: MUOIO, GARY  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038 US

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: DENIS BUTKOVIC

S

07/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date