

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840743

FILED
Jun 18, 2012
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:

300 SOUTH RIVERSIDE PLAZA
SUITE 2100
CHICAGO, IL 60606 US

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 Q
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038 US

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

Title: EVP
Name: FIELDS, DAVID N
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 M BUTKOVIC

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06/18/2012

Electronic Signature of Signing Officer or Director

_____ Date