

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**05/31/1978**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**37-0344310**

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. 199.032, Florida Statutes  Yes  No

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

**FL**

85 Zip Code

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

Signature typed or printed name of the signing officer or director

Date typed or printed name of the signing officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, PATRICK J.	
STREET ADDRESS	TWO FOX MEADOW RD.	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTHEWS, EDWARD E.	
STREET ADDRESS	45 MONTADALE CIRCLE	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LIPSETT, LLOYD W.	
STREET ADDRESS	1750 ELM STREET	
CITY-ST-ZIP	MANCHESTER NH 03105	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JAMES S.	
STREET ADDRESS	THREE GARNET LANE	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCK, ELIZABETH	
STREET ADDRESS	70 PINE ST.	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CASTELLI, MICHAEL J.	
STREET ADDRESS	99 JOHN ST.	
CITY-ST-ZIP	NEW YORK NY	

11 TITLE	VP/CC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Walsh, David J.	
13 STREET ADDRESS	70 Pine Street	
14 CITY-ST-ZIP	New York, NY 10270	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	70 Pine Street	
24 CITY-ST-ZIP	New York, NY 10270	
31 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Warren, Anthony	
33 STREET ADDRESS	500 W. Madison St.	
34 CITY-ST-ZIP	Chicago, IL 60606	
41 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Smith, Howard I.	
43 STREET ADDRESS	70 Pine Street	
44 CITY-ST-ZIP	New York, NY 10270	
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 type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 119.07(3)(k), 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-55-96

(212) 770-7000

CR2E034 (12/95)