

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840743

Entity Name: ILLINOIS NATIONAL INSURANCE CO.

Current Principal Place of Business:

500 WEST MADISON STREET
STE 3000
CHICAGO, IL 60661

Current Mailing Address:

175 WATER STREET
NEW YORK, NY 10038 US

FEI Number: 37-0344310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

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

Officer/Director Detail :

Title SECRETARY
Name KENT, TANYA E.
Address 175 WATER STREET, 15TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT, DIRECTOR
Name SCHIMEK, ROBERT SCOTT
Address 175 WATER STREET
24TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title TREASURER
Name CAULFIELD, JUSTIN JEROME WALLS
Address 175 WATER STREET
29TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name GRABEK, STEPHEN JOSEPH
Address 500 WEST MADISON STREET
SUITE 3000
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name FITZPATRICK, JOSEPH A.
Address 500 WEST MADISON STREET
SUITE 3000
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name CORNELL, GEOFFREY N
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name COOK, JOSEPH D
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name HOGAN, KEVIN TIMOTHY
Address 175 WATER STREET
30TH FLOOR
City-State-Zip: NEW YORK NY 10038

Continues on page 2

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: TANYA E. KENT

SECRETARY

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EDGECLIFFE-JOHNSON, JEREMY DAVID
Address 99 HIGH STREET,
27TH FLOOR
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name EICHENSEER, JULIE M.
Address 500 WEST MADISON STREET
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name STERN, AMY E.
Address 80 PINE STREET
4TH FLOOR
City-State-Zip: NEW YORK NY 10005