2021 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:

Address

Electronic Signature of Registered Agent

Date

FILED Apr 22, 2021

Secretary of State

8550254382CC

Officer/Director Detail:

Title SECRETARY Title DIRECTOR

Name KENT, TANYA Name BAUGH, ALEXANDER

Address 175 WATER STREET, 15TH FLOOR Address 175 WATER STREET, 26TH FLOOR

City-State-Zip: NEW YORK NY 10038 City-State-Zip: NEW YORK NY 10038

Title TREASURER Title DIRECTOR

Name CAULFIELD, JUSTIN Name GRABEK, STEPHEN

Address 175 WATER STREET Address 500 WEST MADISON STREET

29TH FLOOR SUITE 3000

City-State-Zip: NEW YORK NY 10038 City-State-Zip: CHICAGO IL 60661

Title DIRECTOR Title DIRECTOR

Name FITZPATRICK, JOSEPH Name CORNELL, GEOFFREY

Address 500 WEST MADISON STREET Address 80 PINE STREET

SUITE 3000

City-State-Zip: NEW YORK NY 10005

Title PRESIDENT, DIRECTOR

Title DIRECTOR Name MCELROY, DAVID

Address 175 WATER STREET

175 WATER STREET 24TH FLOOR

25TH FLOOR City-State-Zip: NEW YORK NY 10038

City-State-Zip: NEW YORK NY 10038

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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 KENT SECRETARY 04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name FRY, CHARLES Name HABAYEB, ELIAS

Address 175 WATER STREET, 20TH FLOOR Address 175 WATER STREET

City-State-Zip: NEW YORK NY 10038

City-State-Zip: NEW YORK NY 10038

Title DIRECTOR Title DIRECTOR

Name PRICE, MICHAEL Name NORMAN, SHELLEY

Address 175 WATER STREET 24TH FLOOR Address 500 WEST MADISON STREET

City-State-Zip: NEW YORK NY 10038 City-State-Zip: CHICAGO IL 60661