

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840743

Entity Name: ILLINOIS NATIONAL INSURANCE CO.

Current Principal Place of Business:

500 WEST MADISON STREET
SUITE 300
CHICAGO, IL 60661

Current Mailing Address:

1271 AVENUE OF THE AMERICAS
37TH FLOOR
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 1271 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT, DIRECTOR
Name MCELROY, DAVID H.
Address 1271 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10038

Title TREASURER
Name HIRSCH, MARILYN V.
Address 1271 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name KIRSCHGESSNER, JOSEPH MICHAEL
Address 500 WEST MADISON STREET
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name FITZPATRICK, JOSEPH A.
Address 500 WEST MADISON STREET
SUITE 300
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR
Name LUCK, BARBARA
Address 1271 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name RIEGLER, KENNETH
Address 1271 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name FISH, BRIAN
Address 500 WEST MADISON STREET
City-State-Zip: CHICAGO IL 60661

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

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CONNOLLY, THOMAS C.
Address 1271 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name MCCLEEREY, KYM A.
Address 1271 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name GRELLA, TRACIE
Address 1271 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name HORN, THOMAS
Address 58 FENCHURCH STREET
City-State-Zip: LONDON EC3M 4AB