

2001 UNIFORM BUSINESS REPORT (UBR)

pg 192

0594053

DOCUMENT # **840743**

1. Entity Name
ILLINOIS NATIONAL INSURANCE CO.

FILED

01 MAY -1 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**500 W. MADISON ST.
CHICAGO IL 60606-2511
US** **70 PINE ST.
ATTN E M TUCK
NEW YORK NY 10270
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **37-0344310** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	MATTHEWS, EDWARD E.	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	MOOR, KRISTIAN P	
STREET ADDRESS	175 WATER STREET	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, HOWARD I	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUCK, ELIZABETH	
STREET ADDRESS	70 PINE ST.	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	JACOBSON, ROBERT P	
STREET ADDRESS	175 WATER STREET	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	VG	<input type="checkbox"/> Delete
NAME	HARKINS, KENNETH	
STREET ADDRESS	160 WATER STREET	
CITY-ST-ZIP	NEW YORK NY 10038	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300004102843--9	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	175 Water street	
CITY-ST-ZIP	New York, NY 10038	SP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Tuck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **(212) 710-7000**

CR2E034 (10/00)

19292



ACCOUNT NO. : 072100000032
REFERENCE : 134356 4320171
AUTHORIZATION : Patricia Pizzuto
COST LIMIT : \$ 150.00

ORDER DATE : May 1, 2001
ORDER TIME : 11:15 AM
ORDER NO. : 134356-205
CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
30th Floor
New York, NY 10270

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY - 1 PM 12: 13
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: ILLINOIS NATIONAL INSURANCE
CO.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____