

2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2
0818571 AT

DOCUMENT # 840743
 1. Entity Name
ILLINOIS NATIONAL INSURANCE CO.

FILED

02 MAY -1 PM 2:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: _____
 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, 2002 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

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	175 WATER STREET	
CITY-ST-ZIP	NEW YORK NY 10038	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		

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: _____ **SIGNATURE REQUIRED** April 29, 2002 (212) 770-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

282



ACCOUNT NO. : 072100000032
REFERENCE : 556901 4320171
AUTHORIZATION :
COST LIMIT : \$ 150.00

Patricia Pijet

ORDER DATE : April 30, 2002
ORDER TIME : 1:12 PM
ORDER NO. : 556901-195
CUSTOMER NO: 4320171

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

RECEIVED
02 MAY - 1 PM 3:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: _____