

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90080 027 ***150.00

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DOCUMENT # 804876
 1. Entity Name
COMBINED INSURANCE COMPANY OF AMERICA

Principal Place of Business
123 NORTH WACKER DRIVE
CHICAGO IL 60606

Mailing Address
P.O. BOX 8264
CHICAGO IL 60606
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 E. Randolph Dr
 Suite, Apt. #, etc.
Tax Dept, 4th Floor
 City & State
Chicago, IL
 Zip
60601 Country
USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. FEI Number
36-2136262 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITAL BUILDING
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAVIN, RICHARD M 123 NORTH WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKILLING, RAYMOND I 123 NORTH WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I 123 NORTH WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AIGOTTI, DIANE 123 N. WACKER DR CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDVIN, HARVEY N 123 NORTH WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, PATRICK G 123 NORTH WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAVIN, RICHARD M. 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKILLING, RAYMOND I. 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I. 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Aigotti, DIANE 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDVIN, HARVEY N. 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, PATRICK G. 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard M. Ravin* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: 4/22/02 Daytime Phone #: 312-381-3273

CR2E034 (9/01)