

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90085 020 ***150.00

DOCUMENT # F99000005347

1. Entity Name
DIAMOND INSURANCE COMPANY OF AMERICA

Principal Place of Business 40 SKOKIE BLVD., SUITE 105 NORTHBROOK IL 60062	Mailing Address 40 SKOKIE BLVD., SUITE 105 NORTHBROOK IL 60062
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711031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 Skokie Blvd Suite, Apt. #, etc. 300	3. Mailing Address 500 Skokie Blvd Suite, Apt. #, etc. 300
City & State Northbrook IL	City & State Northbrook IL
Zip 60062 Country COOK	Zip 60062 Country COOK

4. FEI Number **36-4078001** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GODWIN, BILL
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, THOMAS 40 SKOKIE BLVD., SUITE 105 NORTHBROOK IL 60062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARTMAN, ROBERT 6633 NORTH LINCOLN AVENUE LINCOLNWOOD IL 60645 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOKIN, GARY S 40 SKOKIE BLVD., SUITE 105 NORTHBROOK IL 60062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD HOKIN, DAVID 40 SKOKIE BLVD., SUITE 105 NORTHBROOK IL 60062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 Skokie Blvd, Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 Skokie Blvd, Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 Skokie Blvd, Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Thomas Stewart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

847-559-1002
 Date Daytime Phone #

CR2E034 (10/00)