

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90037 015 ***150.00

DOCUMENT # F96000003663

1. Corporation Name

ALLSTATE FLORIDIAN INSURANCE COMPANY

Principal Place of Business

3075 SANDERS ROAD, SUITE H1A
NORTHBROOK IL 60062

Mailing Address

3075 SANDERS ROAD, SUITE H1A
NORTHBROOK IL 60062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1996

4. FEI Number

36-3586255

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GARY, ROBERT W	
STREET ADDRESS	2775 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCNEIL, RONALD DEAN	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	PILCH, SAMUEL HENRY	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZILS, JAMES P	
STREET ADDRESS	3075 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SULLIVAN, KEVIN T	
STREET ADDRESS	2775 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MONAHAN, STEVEN D	
STREET ADDRESS	14409 EAGLE POINTE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34622	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN OF BOARD/DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	60062	
2.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	60062	
3.1 TITLE	VICE PRESIDENT AND CONTROLLER/DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	60062	
4.1 TITLE	Vice President and Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	60062	
5.1 TITLE	VICE PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	60062	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	60062	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)