

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90070 022 ***150.00

DOCUMENT # **F96000003663**
 1. Entity Name **ALLSTATE FLORIDIAN INSURANCE COMPANY**

Principal Place of Business Mailing Address

2. Principal Place of Business
2775 Sanders Road
 Suite, Apt. #, etc.
 City & State **Northbrook IL**
 Zip **60062-6127** Country **US**

3. Mailing Address
3075 Sanders Road
 Suite, Apt. #, etc. **Suite H1A**
 City & State **Northbrook IL**
 Zip **60062-7127** Country **US**

DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3586255** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
Insurance Commissioner
Capitol Building
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 Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VD
STREET ADDRESS		STREET ADDRESS	Lamonica, Michael A.
CITY-ST-ZIP		CITY-ST-ZIP	2775 Sanders Rd.
			Northbrook IL 60062-6127
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	P
STREET ADDRESS		STREET ADDRESS	MCNEIL, RONALD DEAN
CITY-ST-ZIP		CITY-ST-ZIP	2775 Sanders Rd
			Northbrook IL 60062-6127
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	VD
STREET ADDRESS		STREET ADDRESS	Pileh, Samuel H.
CITY-ST-ZIP		CITY-ST-ZIP	3075 Sanders Rd.
			Northbrook IL 60062-7127
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	TD
STREET ADDRESS		STREET ADDRESS	Zils, James P.
CITY-ST-ZIP		CITY-ST-ZIP	3075 Sanders Rd.
			Northbrook IL 60062-7127
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	SD
STREET ADDRESS		STREET ADDRESS	Sullivan, Kevin T.
CITY-ST-ZIP		CITY-ST-ZIP	2775 Sanders Rd.
			Northbrook IL 60062-6127
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V
STREET ADDRESS		STREET ADDRESS	Gardner, Karen C.
CITY-ST-ZIP		CITY-ST-ZIP	3075 Sanders Rd.
			Northbrook IL 60062-7127

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: **Lynn Cirincione** **4/17/00** **847-402-3029**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Authorized Representative** Date Daytime Phone #

CR2E034 (9/99)