FILED
May 29, 2002 8:00 am
Secretary of State
05-01-2002 91562 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003663

1. Entity Name

ALLSTATE FLORIDIAN INSURANCE

DO NOT WRITE IN THIS SPACE

87871

2. Principal Place of Business	3. Mailing Address
2775 SANDERS ROAD	3075 SANDERS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc. HIA
City & State NORTHBROOK, IL	City & State NORTHBROOK, IL
Zip 60062 Country US	Zip 60062 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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name INSURANCE COMMISSIONER

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

THE CAPITOL

City TALLAHASSEE FL Zip Code 32301

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	LARRY D. JOHNSON
STREET ADDRESS	2775 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	P/D
NAME	RONALD D. MCNEIL
STREET ADDRESS	2775 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	S/D
NAME	KEVIN T. SULLIVAN
STREET ADDRESS	2775 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	V/D
NAME	MICHAEL A. LANONICA
STREET ADDRESS	2775 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	Vice President/CONTROLLER
NAME	SAMUEL H. PILCH
STREET ADDRESS	3075 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	Vice President/Treasurer
NAME	JAMES P. ZILS
STREET ADDRESS	3075 SANDERS ROAD
CITY-ST-ZIP	NORTHBROOK, IL 60062

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn Cirrincione Lynn Cirrincione Authorized Representative 4/10/02 (847) 402-3029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #