### 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 804876** 

Entity Name: COMBINED INSURANCE COMPANY OF AMERICA

**FILED** Feb 21, 2017 **Secretary of State** CC7567195412

## **Current Principal Place of Business:**

1000 MILWAUKEE AVENUE

**6TH FLOOR** 

GLENVIEW, IL 60025

## **Current Mailing Address:**

1000 MILWAUKEE AVENUE **6TH FLOOR** 

GLENVIEW, IL 60025

FEI Number: 36-2136262 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 US

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:

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title P. DIRECTOR Title **EVPD** 

FAYNBERG, ALEXX Name BENNETT, BRAD M Name

Address 1000 MILWAUKEE AVENUE Address 1000 MILWAUKEE AVENUE

**6TH FLOOR** 

City-State-Zip: GLENVIEW IL 60025 GLENVIEW IL 60025 City-State-Zip:

Title Т

Title SECRETARY JORDAN, JOSEPH J Name Name

COLLINS, REBECCA L Address 436 WALNUT STREET 111 E. WACKER DRIVE Address

City-State-Zip: PHILADELPHIA PA 19106 **6TH FLOOR** 

City-State-Zip: CHICAGO IL 60601

Title DIRECTOR

SENIOR VICE PRESIDENT, DIRECTOR Title Name CLANCY, EDWARD P.

HALVERSON, BARBARA A. Name Address 1133 AVE OF THE AMERICAS

1000 MILWAUKEE AVENUE Address City-State-Zip: NEW YORK NY 10036

**6TH FLOOR** 

GLENVIEW IL 60025 City-State-Zip: Title GENERAL COUNSEL, DIRECTOR

HELIN, CHAD J. Name

Title WORKSITE SOLUTIONS PRESIDENT, Address 1000 MILWAUKEE AVENUE DIRECTOR

**6TH FLOOR** MARTIN, CHRISTOPHER J. Name City-State-Zip: GLENVIEW IL 60025

Address 1000 MILWAUKEE AVENUE

**6TH FLOOR** 

GLENVIEW IL 60025 City-State-Zip:

### Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

02/21/2017 SIGNATURE: CHAD HELIN **GENERAL COUNSEL** 

## Officer/Director Detail Continued:

Title CFO, DIRECTOR
Name CONNOLE, MIRIAM

Address 1000 MILWAUKEE AVENUE

**6TH FLOOR** 

City-State-Zip: GLENVIEW IL 60025

Title SENIOR VICE PRESIDENT

Name BARG, JAEDE A.

Address 595 SHREWSBURY AVE

SUITE 205

City-State-Zip: SHREWSBURY NJ 07702

Title SENIOR VICE PRESIDENT

Name SAUVE, GUY

Address 1570 RUE AMPERE

STE 200

City-State-Zip: BOUCHERVILLE, QUEBEC OC

Title SENIOR VICE PRESIDENT

Name STEVEN, KETEL J.

Address 1000 MILWAUKEE AVENUE

**6TH FLOOR** 

City-State-Zip: GLENVIEW IL 60025

Title CHIEF AGENCY OFFICER

Name ABERCROMBIE, DOUGLAS J.

Address 1000 MILWAUKEE AVENUE

6TH FLOOR

City-State-Zip: GLENVIEW IL 60025

Title SENIOR VICE PRESIDENT

Name MALOY, NANCY

Address 1000 MILWAUKEE AVENUE

**6TH FLOOR** 

City-State-Zip: GLENVIEW IL 60025

Title SENIOR VICE PRESIDENT

Name TAYLOR, JOHN PAUL

Address 510 WALNUT ST.

City-State-Zip: PHILADELPHIA PA 19106