

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804876

Entity Name: COMBINED INSURANCE COMPANY OF AMERICA

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
Name BENNETT, BRAD M
Address 1000 MILWAUKEE AVENUE
City-State-Zip: GLENVIEW IL 60025

Title EVPD
Name LIPPAL, STEVEN E
Address 1000 MILWAUKEE AVENUE
City-State-Zip: GLENVIEW IL 60025

Title T
Name JORDAN, JOSEPH J
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

Title AS
Name COLLINS, REBECCA L
Address 1000 N. MILWAUKEE AVE, 6TH FLOOR
City-State-Zip: GLENVIEW IL 60025

Title CFO
Name SPITZER, DREW K.
Address 1000 MILWAUKEE AVENUE
6TH FLOOR
City-State-Zip: GLENVIEW IL 60025

Title SECRETARY
Name GIGANTI, CARMINE A.
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

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.

SIGNATURE: REBECCA L. COLLINS

ASSISTANT SECRETARY 01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date