

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005434

**Entity Name:** ISMIE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

20 N MICHIGAN AVE, STE 700  
CHICAGO, IL 60602

**Current Mailing Address:**

20 N MICHIGAN AVE, STE 700  
CHICAGO, IL 60602 US

**FEI Number:** 36-2883612

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHARIMAN  
Name DEHAAN, PAUL H M.D.  
Address 7502 CRYSTAL SPRINGS RD  
City-State-Zip: CRYSTAL LAKE IL 60012

Title D  
Name ANDERSON, PROCTOR R M.D.  
Address 4993 CLUBHOUSE CR  
City-State-Zip: BOULDER CO 80301

Title DIRECTOR  
Name EUPIERRE, PETER E M.D.  
Address 720 ST. JOSEPHS DR  
City-State-Zip: OAK BROOL IL 60523

Title D  
Name APARICIO, ALEJANDRO M.D.  
Address 6512 W BELLE PA=LAINA AVE  
City-State-Zip: CHICAGO IL 60634

Title D  
Name BACKS, CRAIG A  
Address 1776 CHATHAM  
City-State-Zip: SPRINGFIELD IL 62704

Title D  
Name BRUSCA, PETER A M.D.  
Address 13161 CYPRESS GLEN  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name COOPER, SCOTT A M.D.  
Address 60 W ERIE  
APT 1401  
City-State-Zip: CHICAGO IL 60654

Title D  
Name DEGUIDE, JOHN J M.D.  
Address 3847 GRAY FOX RUN  
City-State-Zip: ROCKFORD IL 61114

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*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:** PAUL H. DEHAAN, M.D.

**CHAIRMAN, BOARD OF  
DIRECTORS**

**04/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name GELINE, RICHARD A M.D.  
Address 1225 CENTRAL RD  
City-State-Zip: GLENVIEW IL 60025

Title D  
Name KANELLAKES, THEODORE M M.D.  
Address 1015 ERINS GLEN DR  
City-State-Zip: JOLIET IL 60431

Title D  
Name KOBLER, WILLIAM E M.D.  
Address 6729 NILLBROOK DR  
City-State-Zip: ROCKFORD IL 61108

Title D  
Name OLIVER, ROBERT J M.D.  
Address 11630 RUBY CT  
City-State-Zip: FRANKFORT IL 60423

Title D  
Name POLEK, WAYNE V M.D.  
Address 206 N WATER ST  
#403  
City-State-Zip: BATAVIA IL 60510

Title D  
Name TAN, MERITA R.C. M.D.  
Address 61 W CHESTNUT  
City-State-Zip: CHICAGO IL 60610

Title D  
Name HOLT, WILLIAM J M.D.  
Address 300 S 18TH ST  
City-State-Zip: QUINCY IL 62301

Title D  
Name KISABETH, TIM C M.D  
Address 3312 ROSENBERG LN  
City-State-Zip: GODFREY IL 62035

Title D  
Name MMILAM, JAMES L M.D.  
Address 1205 ASHBURY LN  
City-State-Zip: LIBERTYVILLE IL 60048

Title D  
Name OLSON, SANDRA J M.D.  
Address 220 E WALTON ST  
UNIT 6W  
City-State-Zip: CHICAGO IL 60611

Title D  
Name SUNDRAM, PONNAMBALAM M.D.  
Address 10 ANDREW CT  
City-State-Zip: BURR RIDGE IL 60527

Title D  
Name WOLFE, CHERYL D M.D.  
Address 5000 S EAST END AVE  
UNIT 17C  
City-State-Zip: CHICAGO IL 60615