

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000005434

FILED
Apr 17, 2018
Secretary of State
CC6816358631

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**

04/17/2018

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