## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 804876** 

FILED Jan 04, 2011 Secretary of State

Entity Name: COMBINED INSURANCE COMPANY OF AMERICA

Current Principal Place of Business: New Principal Place of Business:

1000 MILWAUKEE AVENUE 6TH FLOOR GLENVIEW, IL 60025

Current Mailing Address: New Mailing Address:

1000 MILWAUKEE AVENUE 6TH FLOOR GLENVIEW, IL 60025

FEI Number: 36-2136262 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: WENDT, DOUGLAS R Address: 1000 MILWAUKEE AVENUE City-St-Zip: GLENVIEW, IL 60025

Title: SD

 Name:
 GOLDBERG, DAVID A

 Address:
 1000 MILWAUKEE AVENUE

 City-St-Zip:
 GLENVIEW, IL 60025

Title: CO

Name: BURCHILL, MICHAEL

Address: 1000 N. MILWAUKEE AVE., 6TH FLOOR

City-St-Zip: GLENVIEW, IL 60025

Title: CFO

Name: HAMMOND, MARK K

Address: 1000 N. MILWAUKEE AVE., 6TH FLOOR

City-St-Zip: GLENVIEW, IL 60025

Title:

 Name:
 JORDAN, JOSEPH J

 Address:
 436 WALNUT STREET

 City-St-Zip:
 PHILADELPHIA, PA 19106

Title: AS

Name: COLLINS, REBECCA L

Address: 1000 N. MILWAUKEE AVE, 6TH FLOOR

City-St-Zip: GLENVIEW, IL 60025

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 AS 01/04/2011