

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804876

FILED
Jan 13, 2012
Secretary of State

Entity Name: COMBINED INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

1000 MILWAUKEE AVENUE
6TH FLOOR
GLENVIEW, IL 60025

New Principal Place of Business:

Current Mailing Address:

1000 MILWAUKEE AVENUE
6TH FLOOR
GLENVIEW, IL 60025

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Title: EVPD
Name: LIPPAI, STEVEN E
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: CFOD
Name: HAMMOND, MARK K
Address: 1000 N. MILWAUKEE AVE., 6TH FLOOR
City-St-Zip: GLENVIEW, IL 60025

Title: T
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

01/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date