

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90038 049 ***150.00

DOCUMENT # 815040

1. Entity Name
ALLSTATE INDEMNITY COMPANY

Principal Place of Business
**2775 SANDERS RD
 NORTHBROOK IL 60062
 US**

Mailing Address
**3075 SANDERS RD
 STE H1A
 NORTHBROOK IL 60062
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **36-6115679** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32304**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	LIDDY, EDWARD M	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILSON, RITA P	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	GARY, ROBERT WALLACE	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	SV	<input type="checkbox"/> Delete
NAME	PIKE, ROBERT WILLIAM	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> Delete
NAME	PILCH, SAMUEL HENRY	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> Delete
NAME	SYLLA, CASEY JOSEPH	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCABE, MICHAEL J.	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL, JOHN L.	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn Cirincione **Authorized Representative** 4/16/01 (847) 402-3029
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)