

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **828862** (3)
1. Corporation Name
INTERNATIONAL INSURANCE COMPANY



Principal Place of Business 181 WEST MADISON ST STE 2300 CHICAGO IL 60602 US	Mailing Address 181 WEST MADISON ST STE 2300 CHICAGO IL 60602 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/17/1972	
4. FEI Number 22-1964136		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32399				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	CD
NAME	COUTU, MICHAEL A.	1.2 NAME	
STREET ADDRESS	1570 LITTLEFIELD COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	PD
NAME	GIBBS, DENNIS C	2.2 NAME	Robert L. Gossett
STREET ADDRESS	100 E HURON, #3501	2.3 STREET ADDRESS	181 West Madison Street, Suite 2300
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, IL 60602
TITLE	DV	3.1 TITLE	SVD
NAME	HOLLOWAY, ANNE C.	3.2 NAME	Jeffrey M. Rubin
STREET ADDRESS	7 OAK HILL DR,	3.3 STREET ADDRESS	181 West Madison Street, Suite 2300
CITY-ST-ZIP	WOODSIDE CA	3.4 CITY-ST-ZIP	Chicago, IL 60602
TITLE	DV	4.1 TITLE	
NAME	NORSWORTHY, THOMAS	4.2 NAME	
STREET ADDRESS	1715 N PARK AVE	4.3 STREET ADDRESS	1753 North Mohawk Avenue
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Chicago, IL 60614
TITLE	DVS	5.1 TITLE	DV
NAME	EHRUCH, CHARLES G	5.2 NAME	
STREET ADDRESS	819 CHESTNUT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas S. Norsworthy* Thomas S. Norsworthy

June 8, 1998 (312) 516-0350

CR2E034 (10/97)