**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

181 WEST MADISON ST

CHICAGO IL 60602

STE 2300



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address 181 WEST MADISON ST

CHICAGO IL 60602

2a. Mailing Address

STE 2300

US

DOCUMENT # 828862

1. Corporation Name INTERNATIONAL INSURANCE COMPANY FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90111 046 \*\*\*150.00



3. Date Incorporated or Qualifed

10/17/1972

22-1064136

4. FEI Nurnber

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

1	12				<u> </u>	<del>¥ 100</del>			
Suite, Apr. #, etc.		Suite, Apt. #, etc.		5. Certifca e	\$8.75 Ad fitional Fee Required				
City & State		City & State		1	Campaign Financing d Contribution		\$5.00 i Added to	, ,	
Zip	Count y	Zip	Countr	у	8. This corp	oration owes the curr	rent year list		
4	25	9	30		Personal	Property Tax.		☐ Yes	[]No
	9. Name and Address of Current Re	gistered Agent			10. Name ar	d Address of New I	Registered .	Agent	
			81	1 Name	•				
INSURANCE COMMISSIONER THE CAPITOL BLDG.			82	Ctroo	Address (P.O. Box Number is Not Acceptable)				
			64	2 3000	Address (F.O. DOX 4	ambor is mor moospii	abio)		
TALL	AHASSEE FL 32399		83	3					
								T-1 0	
			84	4 City			FI	85 Zip C	ode
44 6	to the provisions of Sections 607.0502 an	d CO7 4EOP Florido Ctatud	the above	vo nama	d corporation eubmits	this statement for the	nurnose cf	changing its i	egistered
office ou n	egistered agent, or both, in the State of Fi m familiar with, and accept the obligations	orida. Such change was a of, Section 607.0505, Flo	ithorized by rida Statute	y the cor	poration's board of dire	ectors. I hereby acce	pt the appoint	ntment as reg	istered
40	Signature, typed or printed name of registered agent and	<u></u>	13.	ent signaturi	requi ed when reinstating)	IS/CHANGES TO OF		D DIRECTO	R 3 IN 12
12.	OFFICERS AND D	DELETE	1.1 TITLE		T ADDITION	13/C/1/4/1023 10 01	TIOERO 7	Change	Addition
TITLE	CD	☐ DECE 1E						21	
NAME	COUTU, MICHAEL A.		1.2 NAME		C 40 M 4h 1	Lakashana Di	nis.		
STREET ADDRESS			1.3 STRE	ET ADDRES		Lakeshore Dr	ive		
CITY-ST-ZIP	LAKE FOREST IL		1.4 CITY-	ST-ZIP	Chicago, Il	00011		77 Ob	
TITLE	DV	☐ DELETE	2.1 TITLE		PD			X Change	Addition
NAME	GIBBS, DENNIS C		2.2 NAME						
STREET ADDRESS	100 E HURON, #3501		2.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	CHICAGO IL		2. 4 CITY-	-ST-ZIP	<u> </u>				
TITLE	PD	☐ DELETE	3.1 TITLE		D			X Change	Addition
NAME	GOSSETT, ROBERT L		3.2 NAME	<u>.</u>					
STREET ADDRES S	181 WEST MADISON STREET, SUI	TE 2300	3.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	CHICAGO IL 60602		3.4. CITY-	-ST-ZIP					
TITLE	DV	☐ DELETÉ	4.1 TITLE		DVT			X Change	☐ Addition
NAME	NORSWORTHY, THOMAS		4, 2 NAMI	E					
STREET ADDRESS	4774 MARTIL MANUEL MARKET		4.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	CHICAGO IL 60614		4.4 CITY-	ST-ZIP					
TITLE	DV	☐ DELETE	5.1 TITLE		<del> </del> -			☐ Change	Addition
NAME	EHRLICH, CHARLES G		5.2 NAME						
STREET ADDRESS			53 STRE	ET ADDRES	s				
	WILMETTE IL		54 CITY-	ST-ZIP					
CITY-ST-ZIP	SVD	☐ DELETE	6.1 TITLE		<del> </del> -			X Change	Addition
	RUBIN, JEFFREY M		62 NAME						
NAME	*** ****** *** *** ****	TE 2200		- ET ADDRES	s 3730 North	Fremont			
STREET ADORE: S		IC 2300	6.4 CITY-		Chicago, II				
CITY-ST-ZIP	CHICAGO IL 60614 certify that the information supplied with the	in filling door not gualify fo			nd in Section 110 07:3	(i) Florida Statutes	I further cor	tify that the in	formation
14. I hereby o	certify that the information supplied with the	is thing does not qualify fo	the exemp	otion stat	ed in Section 119.07(3	ημ, Florida Statutes. same legal effect as i	i iuniter cer if made un t	ury uraturie in eroath: that i	em an

more some instance of a supplemental crimian report is true and accurate and that my signature shall have the same regardered as it made driber out, that I email officer or director of the corporation or the receiper of 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 or an attachment with an address with a pather like empowered.

4-21-99

(312) 516-0350

Daytime Phone #

CR2E034 (11/98)