

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828862

1. Entity Name

INTERNATIONAL INSURANCE COMPANY

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90358 020 \*\*\*150.00

Principal Place of Business

Mailing Address

181 WEST MADISON ST  
STE 2300  
CHICAGO IL 60602  
US

181 WEST MADISON ST  
STE 2300  
CHICAGO IL 60602-4513  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**250 Commercial Street**

3. Mailing Address

**250 Commercial Street**

Suite, Apt. #, etc.

**Suite 5000**

Suite, Apt. #, etc.

**Suite 5000**

City & State

**Manchester, NH**

City & State

**Manchester, NH**

4. FEI Number

**22-1964136**

Applied For

Not Applicable

Zip  
**03101**

Country  
**USA**

Zip  
**03101**

Country  
**USA**

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  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32399

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD**  
**COUTU, MICHAEL A.**  
**540 N LAKESHORE DR**  
**CHICAGO IL 60611** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**GIBBS, DENNIS C**  
**100 E HURON, #3501**  
**CHICAGO IL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**250 Commercial Street, Suite 5000**  
**Manchester, NH 03101**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GOSSETT, ROBERT L**  
**181 WEST MADISON STREET, SUITE 2300**  
**CHICAGO IL 60602** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**250 Commercial Street, Suite 5000**  
**Manchester, NH 03101**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVT**  
**NORSWORTHY, THOMAS**  
**1753 NORTH MOHAWK AVENUE**  
**CHICAGO IL 60614** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**DVT**  
**Michael A. Sluka**  
**250 Commercial Street, Suite 5000**  
**Manchester, NH 03101**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV**  
**EHRlich, CHARLES G**  
**819 CHESTNUT AVE**  
**WILMETTE IL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**250 Commercial Street, Suite 5000**  
**Manchester, NH 03101**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD**  
**RUBIN, JEFFREY M**  
**3730 NORTH FREMONT**  
**CHICAGO IL 60613** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**DVS**  
**William J. Gillett**  
**250 Commercial Street, Suite 5000**  
**Manchester, NH 03101**

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:

**SIGNATURE**

**(603) 656-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles G. Ehrlich**

Date

Daytime Phone #

CR2E034 (9/99)