

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # 828862**

1. Entity 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 60602-4513 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>250 Commercial Street</b> Suite, Apt. #, etc. <b>Suite 5000</b> City & State <b>Manchester, NH</b> Zip <b>03101</b> Country <b>USA</b>	3. Mailing Address <b>250 Commercial Street</b> Suite, Apt. #, etc. <b>Suite 5000</b> City & State <b>Manchester, NH</b> Zip <b>03101</b> Country <b>USA</b>
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4. FEI Number <b>22-1964136</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER**  
**THE CAPITOL BLDG.**  
**TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>COUTU, MICHAEL A.</b> <b>540 N LAKESHORE DR</b> <b>CHICAGO IL 60611</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GIBBS, DENNIS C</b> <b>100 E HURON, #3501</b> <b>CHICAGO IL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOSSETT, ROBERT L</b> <b>181 WEST MADISON STREET, SUITE 2300</b> <b>CHICAGO IL 60602</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>NORSWORTHY, THOMAS</b> <b>1753 NORTH MOHAWK AVENUE</b> <b>CHICAGO IL 60614</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>EHRlich, CHARLES G</b> <b>819 CHESTNUT AVE</b> <b>WILMETTE IL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>RUBIN, JEFFREY M</b> <b>3730 NORTH FREMONT</b> <b>CHICAGO IL 60613</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>250 Commercial Street, Suite 5000</b> <b>Manchester, NH 03101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>250 Commercial Street, Suite 5000</b> <b>Manchester, NH 03101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DVT</b> <b>Michael A. Sluka</b> <b>250 Commercial Street, Suite 5000</b> <b>Manchester, NH 03101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>250 Commercial Street, Suite 5000</b> <b>Manchester, NH 03101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DVS</b> <b>William J. Gillett</b> <b>250 Commercial Street, Suite 5000</b> <b>Manchester, NH 03101</b>

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: Charles G. Ehrlich (603) 656-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)