

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90031 004 ***150.00

DOCUMENT # 828862

1. Entity Name
INTERNATIONAL INSURANCE COMPANY

Principal Place of Business
**250 COMMERCIAL STREET, SUITE 5000
 MANCHESTER NH 03101
 US**

Mailing Address
**250 COMMERCIAL STREET, SUITE 5000
 MANCHESTER NH 03101
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1964136**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **Michael J. Sluka**
 STREET ADDRESS **250 Commercial St., Ste 5000**
 CITY-ST-ZIP **Manchester, NH 03101**

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **William J. Gillett**
 STREET ADDRESS **250 Commercial St., Ste 5000**
 CITY-ST-ZIP **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Bator

Date

(603) 656-2200

Daytime Phone #

CR2E034 (10/00)