## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT# 840743**

Entity Name: ILLINOIS NATIONAL INSURANCE CO.

FILED Oct 26, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
500 W. MADISON ST. CHICAGO, IL 606062511 US			300 SOUTH RIVERSIDE PLAZA SUITE 2100 CHICAGO, IL 60606 US			
Current Mailing Address:				New Mailing Address:		
70 PINE S' ATTM E M NEW YOR	T. TUCK K, NY 10270	US				
FEI Number: 37-0344310 FEI Number Applied For ( )			FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	urrent Registered Agent:		Name and	Address of New Registered Agent:	
CAPITAL E TALLAHAS	SSEE, FL 3230	)4 US				
	named entity s e of Florida.	submits this statement for the p	ourpose o	of changing i	its registered office or registered agent, or both,	
SIGNATUF		IE COMMISSIONER ic Signature of Registered Age			Date	
<b></b>		ic Signature of Registered Age Trust Fund Contribution ( ).	311L		Date	
OFFICERS	S AND DIREC			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Name: Address: City-St-Zip:	D () TIZZIO, THOMA 175 WALTER S NEW YORK, N	TREET		Name: Address: City-St-Zip:	ROBERT M. SANDLER, 70 PINE STREET	
Title: Name: Address: City-St-Zip:	CPD () MOOR, KRISTI 175 WATER ST NEW YORK, N	REET		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SMITH, HOWAF 70 PINE STREE NEW YORK, N	T		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ERNEST T. PATRIKIS, 70 PINE STREET NEW YORK, NY	
Title: Name: Address: City-St-Zip:	S () TUCK, ELIZABE 70 PINE ST. NEW YORK, N			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TVD () JACOBSON, RO 175 WATER ST NEW YORK, N	REET		Title: Name: Address: City-St-Zip:	TVD (X) Change ( ) Addition SCHIMEK, ROBERT S 175 WATER STREET NEW YORK, NY 10038	
Title: Name: Address: City-St-Zip:	VG () HARKINS, KENI 175 WATER ST NEW YORK, N	REET		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH M. TUCK S 10/26/2005