

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840743

FILED
May 17, 2006
Secretary of State

Entity Name: ILLINOIS NATIONAL INSURANCE CO.

Current Principal Place of Business:

300 SOUTH RIVERSIDE PLAZA
SUITE 2100
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

70 PINE ST.
ATTN E M TUCK
NEW YORK, NY 10270 US

New Mailing Address:

FEI Number: 37-0344310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STATE INSURANCE COMMISSIONER
CAPITAL BLDG
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERT M. SANDLER,
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270 US

Title: CPD () Delete
Name: MOOR, KRISTIAN P
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038

Title: D () Delete
Name: ERNEST T. PATRIKIS,
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY

Title: S () Delete
Name: TUCK, ELIZABETH,
Address: 70 PINE ST.
City-St-Zip: NEW YORK, NY 10270

Title: TVD () Delete
Name: SCHIMEK, ROBERT S
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038

Title: VG () Delete
Name: HARKINS, KENNETH
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BENSINGER, STEVEN J
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

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05/17/2006

Electronic Signature of Signing Officer or Director

Date