

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845188

1. Entity Name

WASHINGTON INTERNATIONAL INSURANCE COMPANY

Principal Place of Business

300 PARK BLVD #500
ITASCA IL 60143-2625
US

Mailing Address

300 PARK BLVD #500
ITASCA IL 60143
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2860812

Applied For

Not Applicable

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

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME AMSTUTZ, PAUL D.
STREET ADDRESS 300 PARK BLVD #500
CITY-ST-ZIP ITASCA IL ☐ Delete

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

TITLE SVP
NAME DAVENPORT, MICHAEL M.
STREET ADDRESS 300 PARK BLVD #500
CITY-ST-ZIP ITASCA IL ☐ Delete

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

TITLE --VP--
NAME CARPENTER, JAMES A
STREET ADDRESS 300 PARK BLVD #500
CITY-ST-ZIP ITASCA IL ☐ Delete

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

TITLE SVP
NAME ANDERSON, STEVEN
STREET ADDRESS 300 PARK BLVD #500
CITY-ST-ZIP ITASCA IL ☐ Delete

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

TITLE A
NAME HOST, MICHAEL L
STREET ADDRESS 300 PARK BLVD #500
CITY-ST-ZIP ITASCA IL 60143 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Paul D. Amstutz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul D. Amstutz President

7/12/00

(630) 227-4700

Date

Daytime Phone #

FILED

Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90008 019 ***550.00

00000110



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)