2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90072 018 ***150.00

DOCUMENT # 845188

1. Entity Name
WASHINGTON INTERNATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
300 PARK BLVD #500 ITASCA IL 60143-2625 US	300 PARK BLVD #500 ITASCA IL 60143 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1200 Arlington Heights Rd.	1200 Arlington Heights Rd.
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Itasca, Illinois	City & State: Itasca, Illinois
Zip: 60143 Country:	Zip: 60143 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

FLORIDA STATE INSURANCE COMMISIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMSTUTZ, PAUL D. 300 PARK BLVD #500 ITASCA IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Amstutz, Paul D. 1200 Arlington Heights Rd., Ste 400 Itasca, IL 60143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP DAVENPORT, MICHAEL M. 300 PARK BLVD #500 ITASCA IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Davenport, Michael M. 1200 Arlington Heights Rd., Ste 400 Itasca, IL 60143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARPENTER, JAMES A 300 PARK BLVD #500 ITASCA IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Carpenter, James A. 1200 Arlington Heights Rd., Ste 400 Itasca, IL 60143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP ANDERSON, STEVEN 300 PARK BLVD #500 ITASCA IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Anderson, Steven P. 1200 Arlington Heights Rd., Ste 400 Itasca, IL 60143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E034 (10/00)

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 3/27/01 (630) 227-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #