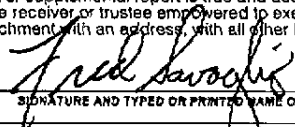


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 849652			
1. Entity Name INTERNATIONAL BUSINESS & MERCANTILE REASSURANCE COMPANY			
Principal Place of Business 307 N.MICHIGAN AVE. CHICAGO, IL 60601	Mailing Address 307 N.MICHIGAN AVE. CHICAGO, IL 60601		
DO NOT WRITE IN THIS SPACE			
		04242006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 36-6067575	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM INC MARCIA A HAVNER 12101 HAYS ST TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCARO, ALDO C 307 N MICHIGAN AVENUE CHICAGO, IL 60601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEROY, SPENCER 307 N MICHIGAN AVE CHICAGO, IL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAVAGLIO, FRED M 307 NORTH MICHIGAN AVE CHICAGO, IL 60601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOONE, CHARLES S 307 NORTH MICHIGAN AVE. CHICAGO, IL 60601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLOGG, JAMES A 307 N. MICHIGAN AVENUE CHICAGO, IL 60601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	