2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855622

Entity Name: INTERSTATE INDEMNITY COMPANY

FILED Jan 22, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
33 WEST M CHICAGO,	IONROE ST IL 60603				
Current Mailing Address:			New Mailin	New Mailing Address:	
	ARIN DRIVE DRATE SECR DA 94998	ETARY OFC			
FEI Number: 3	36-6033855	FEI Number Applied For ()	El Number Not Applic	cable () Certificate of Status Desired ()	
Name and A	Address of C	urrent Registered Agent:	Name and A	Address of New Registered Agent:	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State					
SIGNATUR		c Signature of Registered Agent		 Date	
Election Cam		Trust Fund Contribution ().		- 1	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO					
Title: Name: Address: City-St-Zip:	MOOSSMANN, J	NHATTAN PLAZA, 37TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVP () PEVEHOUSE, C 777 SAN MARIN NOVATO, CA 94	DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DSVP () WRIGHT, LINDA 777 SAN MARIN NOVATO, CA 94	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEVP () PATERSON, JIL 777 SAN MARIN NOVATO, CA 94	DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	AS () WONG, JEANNE 777 SAN MARIN NOVATO, CA 94	DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DCHM () BENEDUCCI, JC 777 SAN MARIN NOVATO, CA 94	DRIVE	Title: Name: Address: City-St-Zip:	DCHM (X) Change () Addition KAVITSKY, CHARLES M 777 SAN MARIN DRIVE NOVATO, CA 94998 US	

I hereby certify that the information supplied with this filing does not qualify 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: JEANNETTE Y. WONG AS 01/22/2008