

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000417

1. Entity Name

PHH INSURANCE ASSOCIATES CORPORATION

Principal Place of Business

123 N WACKER DR
CHICAGO IL 60606
US

Mailing Address

P.O. BOX 8264
CHICAGO IL 60680-8264
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

NA.

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARVIN, KEVIN	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GROODY, ROBERT E	
STREET ADDRESS	6000 ATRIUM WAY	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GOZDAN, MICHAEL P.	
STREET ADDRESS	6000 ATRIUM WAY	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VERBA, LINDA L	
STREET ADDRESS	6000 ATRIUM WAY	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, MICHAEL D	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert M. Foy	
STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arlene Jeschke	
STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terone J. Baer	
STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (312) 701-3978

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90174 017 ***150.00

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DO NOT WRITE IN THIS SPACE