

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90080 019 ***150.00

DOCUMENT # F94000000417

1. Entity Name

PHH INSURANCE ASSOCIATES CORPORATION

DO NOT WRITE IN THIS SPACE

655532

2. Principal Place of Business
200 E. RANDOLPH
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 8264-TAX DEPT.
Suite, Apt. #, etc.

City & State
CHICAGO IL

City & State
CHICAGO, IL

Zip
60601

Country

Zip
60680-8264

Country

4. FEI Number
06-1316146

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD.

City
PLANTATION FL Zip Code
33324

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
P/D
KEVIN GARVIN
STREET ADDRESS
200 E. RANDOLPH
CITY - ST - ZIP
CHICAGO, IL 60601

TITLE
NAME
V
JEROME I. BAER
STREET ADDRESS
200 E. RANDOLPH
CITY - ST - ZIP
CHICAGO, IL 60601

TITLE
NAME
T
DIANE AIGOTTI
STREET ADDRESS
200 E. RANDOLPH
CITY - ST - ZIP
CHICAGO, IL 60601

TITLE
NAME
S
ARLENE JESCHKE
STREET ADDRESS
200 E. RANDOLPH
CITY - ST - ZIP
CHICAGO, IL 60601

TITLE
NAME
C/D
ROBERT FOYS
STREET ADDRESS
200 E. RANDOLPH
CITY - ST - ZIP
CHICAGO, IL 60601

TITLE
NAME
D
MICHAEL D. RICE
STREET ADDRESS
200 E. RANDOLPH
CITY - ST - ZIP
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

V. P. - TAX

4-26-02 312-381-3273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #