

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P26985

**Entity Name:** ILLINOIS INSURANCE COMPANY

**Current Principal Place of Business:**

308 CATRON STREET  
SANTA FE, NM 87501

**Current Mailing Address:**

ATTN: TAX DEPARTMENT  
P.O. BOX 3646  
OMAHA, NE 68103-0646 US

**FEI Number:** 58-1811419

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PTD	Title	SD
Name	MENZIES, STEVEN	Name	SILVER, JEFFREY
Address	10805 OLD MILL ROAD	Address	10805 OLD MILL ROAD
City-State-Zip:	OMAHA NE 68154	City-State-Zip:	OMAHA NE 68154

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVEN MENZIES

**PRESIDENT**

**04/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date