

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation

1. Corporate ID No.

Amoco Insurance Plans, Inc.

60398 3. Street Address Principal Business Office

City

IL

Zio

200 East Randolph Drive 4. Business Phone No

5. State of Incorporation

60601

6. SIC Code 5702

312-856-4476

ILLINOIS 7. Brief Description of the Character of Business Conducted in Rhode Island

State

OH

Insurance Agency Soliciting Applications for Authorized Insurance Companies

44114

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) XFILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

President Name

R. D. Paisley

Street Address

City

101 W. Prospect

Cleveland Secretary Name

D. A. Plumb

Street Address

200 East Randolph Drive

City

Chicago

IL

60601

C. F. Isom

Street Address

Chicago

200 East Randolph Drive City

200 East Randolph Drive

200 East Randolph Drive

Chicago Treasurer Name

E. A. Kamerick

Street Address

City

Director Name C. F. Isom

Street Address

Chicago

Director Name

Street Address

State

TL

IL

Zip

Zip

60601

Zip

60601

Chicago IL 60601 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

R. D. Paisley

Street Address

101 W. Prospect

Cleveland Director Name

D. W. Welch

Street Address

200 East Randolph Drive

City Chicago State

State

OH

IL

Zip

60601

44114

State

Zip

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

1,000

common/none

no par value

100

common/none

no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Print or Type Name of Officer

Title of Officer

**ASSISTANT SECRETARY** 

will

## AMOCO INSURANCE PLANS, INC. 200 EAST RANDOLPH DRIVE CHICAGO, ILLINOIS 60601

## NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS

<del></del>	OFFI	CERS
TITLE	NAME	BUSINESS ADDRESS
President	R. D. Paisley	101 W. Prospect, Cleveland, OH 44114
Vice President	C. F. Isom	200 East Randolph Drive Chicago, IL 60601
Vice President/ General Tax Officer	James G. Nemeth	200 East Randolph Drive Chicago, IL 60601
Vice President	J. F. Neukum	
Vice President	B. M. Rindler	200 East Randolph Drive Chicago, IL 60601
Secretary	D. A. Plumb	200 East Randolph Drive Chicago, IL 60601
Asst. Secretary	Debbie A. Dowling	200 East Randolph Drive Chicago, IL 60601
Asst. Secretary	William T. Mangan	200 East Randolph Drive Chicago, IL 60601
Asst. Secretary	James L. Siddall	200 East Randolph Drive Chicago, IL 60601
Treasurer	E. A. Kamerick	200 East Randolph Drive Chicago, IL 60601
Assistant Treasurer	M. A. Lukas	200 East Randolph Drive Chicago, IL 60601
Assistant Treasurer	D. M. Pearse	200 East Randolph Drive Chicago, IL 60601

## DIRECTORS

R. D. Paisley	101 W. Prospect, Cleveland, OH 44114
Carey F. Isom	200 East Randolph Drive Chicago, IL 60601
David W. Welch	200 East Randolph Drive Chicago, IL 60601