

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90044 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 533356**

1. Corporation Name  
**ARTHUR J. GALLAGHER & CO. (FLORIDA)**

Principal Place of Business 8300 NW 53RD ST STE 350 MIAMI FL 33166 US	Mailing Address TWO PIERCE PL 23 FL ITASCA IL 60142 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 60143 30

3. Date Incorporated or Qualified <b>05/06/1977</b>	
4. FEI Number <b>59-1743669</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CLOHERTY, MICHAEL J	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	AP	<input type="checkbox"/> DELETE
NAME	BERNARD, III J	
STREET ADDRESS	8300 NW 53 ST, STE 350	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GALLAGHER JR, J P	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STRAUCH, MARK P.	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FASIG, CARL E.	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VAN DER VOORT, GARY M	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSEPH BERNARD, JR.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHAEL J. CLOHERTY
5.3 STREET ADDRESS	TWO PIERCE PLACE
5.4 CITY-ST-ZIP	ITASCA IL 60143
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99  
 Date

630/773-3800  
 Daytime Phone #

CR2E034 (1/198)

545502-90044-20

Doc # 533356

**ARTHUR J. GALLAGHER & CO. (FLORIDA)**

**Incorporated** : Florida

**Date** : 05/06/77

**% Ownership** : 100% Arthur J. Gallagher & Co.

**Federal ID #** : 59-1743669

**CAPITAL STOCK:**

**Common**

Price/Par Value: \$1.00

Authorized: 1,000

Outstanding: 1,000

**DIRECTORS:**

Michael J. Cloherty	Director
J. Patrick Gallagher, Jr.	Director
Joseph Besnard, Jr.	Director

**OFFICERS:**

J. Patrick Gallagher, Jr.	President
Joseph Besnard, Jr.	Area President
Gregory Butterfield	Area President
David L. Marcus	Area President
Glenn R. Tobey	Area President
Michael J. Cloherty	Vice President - Finance
John C. Rosengren	Vice President and General Counsel
David R. Long	Vice President
Gary M. Van der Voort	Vice President
Antonio B. Abella	Area Senior Vice President
Donald Miller	Area Senior Vice President
Nayla Zacur	Area Senior Vice President
Robert W. Altemus	Area Vice President
Henry A. Everett	Area Vice President
Brian P. McPartland	Area Vice President
Mark P. Strauch	Treasurer
Jack H. Lazzaro	Controller
Michael J. Cloherty	Secretary
Christine D. Greb	Assistant Secretary

**Purpose of Business:**

Insurance Agency and Brokerage

**Primary Address:**

Koger Executive Center  
8300 N.W. 53rd Street, Suite 350  
Miami, FL 33166