

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004604

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: GALLAGHER HEALTHCARE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

2000 W SAM HOUSTON PARKWAY  
SOUTH 2000  
HOUSTON, TX 77042

**New Principal Place of Business:**

**Current Mailing Address:**

TWO PIERCE PL  
23RD FLOOR  
ITASCA, IL 60143

**New Mailing Address:**

FEI Number: 76-0681232      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REISCHMAN, PHILIP E  
Address: 2000 SAM HOUSTON PKWY  
City-St-Zip: HOUSTON, TX 77042

Title: V ( ) Delete  
Name: WASIKOWSKI, PAUL F  
Address: TWO PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

Title: S ( ) Delete  
Name: ROSENGREN, JOHN C  
Address: TWO PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: TR ( ) Delete  
Name: LAZZARO, JACK H  
Address: TWO PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: D ( ) Delete  
Name: BRANIFF, JAMES J III  
Address: TWO PIERCE PL  
City-St-Zip: ITASCA, IL 60143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPT (X) Change ( ) Addition  
Name: LAZZARO, JACK H  
Address: TWO PIERCE PL  
City-St-Zip: ITASCA, IL 60143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL F WASIKOWSKI

VPT

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date