

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004351 (1)**

1. Corporation Name

MANAGEMENT GROUP INSURANCE SERVICES, INC.



Principal Place of Business: **9700 WEST BRYN MAWR AVENUE, SUITE 150 ROSEMONT IL 60018-5701**
Mailing Address: **9700 WEST BRYN MAWR AVENUE, SUITE 150 ROSEMONT IL 60018-5701**

3. Date Incorporated or Qualified: **09/06/1995**
3a. Date of Last Report
4. FEI Number: **36-3766573**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: _____ (NAME)
Signature typed or printed name of registered agent (if applicable) (NAME) (Typed Agent signature to be placed in block 13)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	BOLTON, L. JACK DDS	
STREET ADDRESS	7040 CHIPPERTON	
CITY-ST-ZIP	DALLAS TX 75225	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESTABROOKS, LEWIS N DMD	
STREET ADDRESS	3 ATLANTIC DR.	
CITY-ST-ZIP	SCARBOROUGH ME 04074	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOPF, JEFFREY S DDS	
STREET ADDRESS	25455 YORK	
CITY-ST-ZIP	HUNTINGTON WOOD MI 48070	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, J. DAVID DDS	
STREET ADDRESS	5090 CHASTLETON DR.	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEEGAN, ALAN E DDS	
STREET ADDRESS	6073 SOUTH PIKE DRIVE	
CITY-ST-ZIP	LARKSPUR CO 80118	
TITLE	VC00	<input type="checkbox"/> DELETE
NAME	LUDWIG, KENNETH	
STREET ADDRESS	316 ASHLAND AVE	
CITY-ST-ZIP	RIVER FOREST IL 60305	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VICE PRESIDENT-FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	WILLIAM C. PASSOLT	
13. STREET ADDRESS	172 KNIGHTSBRIDGE DRIVE	
14. CITY-ST-ZIP	MUNDELEIN, IL 60060	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *William C. Passolt* **WILLIAM C. PASSOLT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICE PRESIDENT-FINANCE 4/1/96 847-928-0047

CR2E034 (12/95)