

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

**FILED**

**May 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F95000004351 (1)**

1. Corporation Name  
**MANAGEMENT GROUP INSURANCE SERVICES, INC.**



Principal Place of Business

**6133 N. RIVER ROAD  
SUITE 650  
ROSEMONT IL 60018-5173**

Mailing Address

**6133 N. RIVER ROAD  
SUITE 650  
ROSEMONT IL 60018-5173**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

**09/06/1995**

3a. Date of Last Report

**04/23/1996**

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

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

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPF**  DELETE  
NAME **WILLIAM C. PASSOLT**  
STREET ADDRESS **172 KNIGHTSBRIDGE DR.**  
CITY-ST-ZIP **MUNDELEIN IL**

TITLE **SD**  DELETE  
NAME **ESTABROOKS, LEWIS N DMD**  
STREET ADDRESS **3 ATLANTIC DR.**  
CITY-ST-ZIP **SCARBOROUGH ME 04074**

TITLE **TD**  DELETE  
NAME **TOPF, JEFFREY S DDS**  
STREET ADDRESS **25455 YORK**  
CITY-ST-ZIP **HUNTINGTON WOOD MI 49070**

TITLE **D**  DELETE  
NAME **ALLEN, J. DAVID DDS**  
STREET ADDRESS **5090 CHASTLETON DR.**  
CITY-ST-ZIP **STONE MOUNTAIN GA 30087**

TITLE **D**  DELETE  
NAME **DEEGAN, ALAN E DDS**  
STREET ADDRESS **6073 SOUTH PIKE DRIVE**  
CITY-ST-ZIP **LARKSPUR CO 80118**

TITLE **VCOO**  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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME **DIRECTOR**  
4.3 STREET ADDRESS **STEVEN M. HOLMES, DDS**  
4.4 CITY-ST-ZIP **1117 ALHAMBRA CIRCLE**  
**CORAL GABLES, FL 33134**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS **1218 FRANKLIN AVE.**  
6.4 CITY-ST-ZIP **RIVER FOREST, IL 60305**

14. I do 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.

SIGNATURE: *William C. Passolt*

4/24/97 (847)384-0064

CR2E034 (9/96)