

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1995	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 36-3766573	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPP WILLIAM C. PASSOLT 172 KNIGHTSBRIDGE DR. MUNDELEIN IL	1.1 TITLE	PRESIDENT AND DIRECTOR
NAME		1.2 NAME	L. JACK BOLTON, DDS
STREET ADDRESS		1.3 STREET ADDRESS	7040 CHIPPERTON
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DALLAS, TX 75225
TITLE	SD ESTABROOKS, LEWIS N DMD 3 ATLANTIC DR. SCARBOROUGH ME 04074	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD TOPF, JEFFREY S DDS 25455 YORK HUNTINGTON WOOD MI 48070	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HOLMES, STEVEN M 1117 ALHAMBRA CIR CORAL GABLES FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DEEGAN, ALAN E DDS 8073 SOUTH PIKE DRIVE LARKSPUR CO 80118	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VCOO LUDWIG, KENNETH 1218 FRANKLIN AVE RIVER FOREST FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: William C. Passolt **WILLIAM C. PASSOLT VICE PRESIDENT 4/28/98 847-384-0064**

CR2E034 (10/97)