

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90050 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000004351**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	09/06/1995	36-3766573	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution		<input type="checkbox"/>
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	<b>FL</b>

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	VPF <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM C. PASSOLT	1.2 NAME	
STREET ADDRESS	172 KNIGHTSBRIDGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MUNDELEIN IL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	CHAIRMAN AND DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTABROOKS, LEWIS N DMD	2.2 NAME	
STREET ADDRESS	3 ATLANTIC DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH ME 04074	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPF, JEFFREY S DDS	3.2 NAME	
STREET ADDRESS	25455 YORK	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON WOOD MI 48070	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY AND TREASURE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, STEVEN M	4.2 NAME	
STREET ADDRESS	1117 ALHAMBRA CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEGAN, ALAN E DDS	5.2 NAME	
STREET ADDRESS	6073 SOUTH PIKE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARKSPUR CO 80118	5.4 CITY-ST-ZIP	
TITLE	VCOO <input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, KENNETH	6.2 NAME	
STREET ADDRESS	1218 FRANKLIN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER FOREST FL	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: *William C. Passolt* REQUIRED WILLIAM C. PASSOLT VICE PRESIDENT 4/27/99 847-384-0064

CR2E034 (1/98)