

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 196817

Entity Name: AON RISK SERVICES, INC. OF FLORIDA**Current Principal Place of Business:**200 E RANDOLPH STREET
CHICAGO, IL 60601**Current Mailing Address:**200 E RANDOLPH STREET
CHICAGO, IL 60601 US**FEI Number:** 59-0876526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	AVP, DIRECTOR
Name	LEY, MICHELLE S
Address	200 E RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601

Title	TREASURER, VP
Name	HAGY, PAUL A
Address	200 E RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR, SECRETARY, VP
Name	RICE, MATTHEW M
Address	200 E RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601

Title	PRESIDENT
Name	PARRISH, MICHAEL R
Address	200 E RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR
Name	ASHER, CHRISTOPHER
Address	200 E RANDOLPH STREET
City-State-Zip:	CHICAGO IL 60601

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE S LEY

AVP

04/25/2016

Electronic Signature of Signing Officer/Director Detail_____
Date