

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005016

Entity Name: CHICAGO LAWYERS INSURANCE SERVICES, INC.**Current Principal Place of Business:**601 RIVERSIDE AVE
JACKSONVILLE, FL 32204**Current Mailing Address:**2510 N. REDHILL AVE.
C/O MADELINE G. M. LOVEJOY
SANTA ANA, CA 92705**FEI Number:** 68-0261106**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DCEO
Name	JEWKES, ROGER S
Address	3916 STATE STREET
City-State-Zip:	SANTA BARBARA CA 93105

Title	CFOD
Name	PARK, ANTHONY J
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	SVPT
Name	MURPHY, DANIEL K
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	EVPS
Name	GRAVELLE, MICHAEL L
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	QUIRK, RAYMOND R
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	AVP/AS
Name	LOVEJOY, MADELINE GM
Address	2510 N REDHILL AVE
City-State-Zip:	SANTA ANA CA 92705

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: MADELINE G. M. LOVEJOY

AVP/AS

02/20/2013

Electronic Signature of Signing Officer/Director Detail_____
Date