

2016 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:**3210 EL CAMINO REAL STE 200
C/O MADELINE G. M. LOVEJOY
IRVINE, CA 92602 US**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	1701 VILLAGE CENTER CIRCLE
City-State-Zip:	LAS VEGAS NV 89134

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

Title	EVPS
Name	GRAVELLE, MICHAEL L
Address	1701 VILLAGE CENTER CIRCLE
City-State-Zip:	LAS VEGAS NV 89134

Title	AVP/AS
Name	LOVEJOY, MADELINE GM
Address	3210 EL CAMINO REAL STE 200
City-State-Zip:	IRVINE CA 92602

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 GM LOVEJOY

AVP/AS

02/22/2016

Electronic Signature of Signing Officer/Director Detail_____
Date