

**2018 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:**C/O MADELINE G. M. LOVEJOY  
3210 EL CAMINO REAL STE 200  
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 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 1701 VILLAGE CENTER CIRCLE  
City-State-Zip: LAS VEGAS NV 89134

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

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

Title PRESIDENT  
Name LOVERICH, KIMBERLY A.  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

*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****02/22/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date