

2017 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****02/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date