2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2014
Secretary of State
CC7437935309

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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 GM LOVEJOY AVP/AS 02/21/2014

Electronic Signature of Signing Officer/Director Detail — Date