

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004825

**Entity Name:** MESIROW INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

353 N. CLARK STREET  
CHICAGO, IL 60654

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC6052312987**

**Current Mailing Address:**

353 N. CLARK STREET  
CHICAGO, IL 60654 US

**FEI Number: 36-3429604**

**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            PRESIDENT  
Name            MALTER, NORMAN J.  
Address        353 N. CLARK STREET  
City-State-Zip: CHICAGO IL 60654

Title            CHAIRMAN & CEO, DIRECTOR  
Name            PRICE, RICHARD S.  
Address        353 N. CLARK STREET  
City-State-Zip: CHICAGO IL 60654

Title            TREASURER  
Name            ROYER, RANDALL S.  
Address        353 N. CLARK STREET  
City-State-Zip: CHICAGO IL 60654

Title            CFO  
Name            PASKVAN, KRISTIE P.  
Address        353 N. CLARK STREET  
City-State-Zip: CHICAGO IL 60654

Title            SECRETARY, DIRECTOR  
Name            BLACK, DENNIS B.  
Address        353 N. CLARK STREET  
City-State-Zip: CHICAGO IL 60654

Title            DIRECTOR  
Name            HARNEY, JOHN P.  
Address        353 N. CLARK STREET  
City-State-Zip: CHICAGO IL 60654

Title            DIRECTOR  
Name            PRICE, LINDA B  
Address        353 N. CLARK STREET  
City-State-Zip: CHICAGO IL 60654

*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: DENNIS B. BLACK**

**SECRETARY**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date