

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002740

**Entity Name:** GBS INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

2228 BLACK ROCK TURNPIKE  
SUITE 301  
FAIRFIELD, CT 06432

**Current Mailing Address:**

TWO PIERCE PLACE  
ITASCA, IL 60143

**FEI Number:** 02-0631730

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DP  
Name DURKIN JR, JAMES W  
Address TWO PIERCE PLACE  
City-State-Zip: ITASCA IL 60143

Title CFOD  
Name CARAHER, JOHN  
Address TWO PIERCE PLACE  
City-State-Zip: ITASCA IL 60143

Title S  
Name HANES-DOWD, APRIL  
Address TWO PIERCE PLACE  
City-State-Zip: ITASCA IL 60143

Title T  
Name LAZZARO, JACK H.  
Address TWO PIERCE PLACE  
City-State-Zip: ITASCA IL 60143

Title AVP  
Name COYNE, LISA A  
Address TWO PIERCE PLACE  
City-State-Zip: ITASCA IL 60143

*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:** LISA A COYNE

**AUTHORIZED PERSON**

**04/25/2016**

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

\_\_\_\_\_  
Date