

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90574 025 ***158.75

DOCUMENT # F01000002579

1. Entity Name
AON BENEFITS SERVICES, INC.

Principal Place of Business

**99 HIGH ST.
 BOSTON MA 02110**

Mailing Address

**99 HIGH ST.
 BOSTON MA 02110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3169760

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLIMA, RICHARD

7650 W COURTNEY CAMPBELL CSWY, STE 1000

TAMPA FL 33607-1462

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.



\$5.00 May Be
 Added to Fees

11. NAME, TITLE, ADDRESS OF OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **LONG, CLIFFORD G**
 STREET ADDRESS **99 HIGH ST.**
 CITY-ST-ZIP **BOSTON MA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **VASCONGLOS, STEVE**
 STREET ADDRESS **99 HIGH ST.**
 CITY-ST-ZIP **BOSTON MA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **MCKEEN, CAROL**
 STREET ADDRESS **99 HIGH ST.**
 CITY-ST-ZIP **BOSTON MA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 617-457-4601

Date Daytime Phone #

CR2E034 (9/01)



JANE SWIFT
GOVERNOR

COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE
One South Station • Boston, MA 02110 - 2208
(617) 521-7794 • FAX (617) 521-7771
TTY/TDD (617) 521-7490
<http://www.state.ma.us/doi>

Attachment
Document #
F01000002579

JENNIFER DAVIS CAREY
DIRECTOR, CONSUMER AFFAIRS
AND BUSINESS REGULATION

LINDA RUTHARDT
COMMISSIONER OF INSURANCE

326426

To Whom it May Concern,

January 31, 2002

The undersigned Director of Agents and Brokers for the Commonwealth of Massachusetts certifies that according to the records of this Department:

Licensee Name: Aon Benefit Services, Inc.
Address: 99 High Street 17 Floor
Attn Christine Fowler
Boston, MA 02110

Authorized Representatives: Clifford G Long
Was originally licensed on: 11/18/1990

The person(s) named herein hold the following:

Licenses: Agent
Broker
Status: Active

Lines of Authority: Accident & Health
Life

Continuing Education is required of resident agents and brokers licensed in MA after April 4, 1983. Only agents that have been deemed compliant by their sponsoring insurance company and brokers who have shown proof of compliance upon renewal of their license are eligible to receive letters of certification.

As of July 1, 1988 those licensed to sell life insurance for an insurer and who have a valid annuity license with the N.A.S.D are considered by us to be licensed to sell variable annuity products for the same insurer.

The person(s) named herein is qualified either by written examination or by holding a license issued prior to the time or prior to the time an examination was required and is in good standing with the Department.

In witness whereof, I have hereunto set my hand and affixed the official seal of this Division at the City of Boston effective January 31, 2002.

Gene Dennis
Licensing