2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004604

Entity Name: GALLAGHER HEALTHCARE INSURANCE SERVICES, INC.

FILED Apr 05, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2000 W SAM HOUSTON PARKWAY SOUTH 2000 HOUSTON, TX 77042					
Current Mailing Address:			New Mailing Address:		
TWO PIERCE PL 23RD FLOOR ITASCA, IL 60143					
FEI Number: 76-0681232 FEI Number Applied For () FEI Number		nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Address of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:					
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () GALTNEY, WILL 2000 SAM HOUS HOUSTON, TX	STON PKWY	Title: Name: Address: City-St-Zip:	P (X) Change () Addition REISCHMAN, PHILIP E 2000 SAM HOUSTON PKWY HOUSTON, TX 77042	
Title: Name: Address: City-St-Zip:	V () BLANKENSHIP, 2000 W SAM HO HOUSTON, TX	DUSTON PKWY	Title: Name: Address: City-St-Zip:	V (X) Change () Addition WASIKOWSKI, PAUL F TWO PIERCE PLACE ITASCA, IL 60143	
Title: Name: Address: City-St-Zip:	VP () ROSENGREN, J TWO PIERCE P ITASCA, IL 601	L	Title: Name: Address: City-St-Zip:	S (X) Change () Addition ROSENGREN, JOHN C TWO PIERCE PL ITASCA, IL 60143	
Title: Name: Address: City-St-Zip:	TR () LAZZARO, JACK TWO PIERCE P ITASCA, IL 601	CH L	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () BRANIFF, JAME TWO PIERCE P ITASCA, IL 601	L	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BRANIFF, JAMES J III TWO PIERCE PL ITASCA, IL 60143	
Title: Name: Address: City-St-Zip:	V (X) FASONE, JAME 2000 W SAM HO HOUSTON, TX	DUSTON PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAUL F WASIKOWSKI V 04/05/2005