

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003701

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

TWO PIERCE PLACE  
ITASCA, IL 60143

**New Principal Place of Business:**

**Current Mailing Address:**

TWO PIERCE PLACE  
ITASCA, IL 60143

**New Mailing Address:**

**FEI Number:** 36-2102482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New 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:

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DIR  
Name: MCGURN, DAVID E JR  
Address: TWO PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

Title: PRES  
Name: GALLAGHER, THOMAS J  
Address: TWO PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

Title: TREA  
Name: LAZZARO, JACK H  
Address: TWO PIERCE PLACE  
City-St-Zip: ITASCA, IL 60143

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

Title: VP  
Name: MARCUS, DAVID L  
Address: TWO PIERCE PLACE  
City-St-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

AVP

04/27/2012

Electronic Signature of Signing Officer or Director

Date