FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003590 (7)

1. Corporation Name

AON INSURANCE MANAGEMENT SERVICES, INC.

Principal Place of Business
123 NORTH WACKER DRIVE
26TH FLOOR
CHICAGO IL 60606
US

Mailing Address
123 NORTH WACKER DRIVE. LAW DEPT.. 26TH FL
CHICAGO IL 60606

3. Date Incorporated or Qualified: **08/06/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-3001330** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	O'HALLERAN, MICHAEL D	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	PD	☐ DELETE
NAME	HOFFMAN, LOREY A	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	☐ DELETE
NAME	CARRAGHER, TRACEY A	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AV	☐ DELETE
NAME	DEBRULER, CHARLES C	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	AV	☐ DELETE
NAME	ENCARNACION, ZAYDA	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	AV	☐ DELETE
NAME	GRAB, ROBERT J	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME	Grob, Robert J.	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

PM 5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Grob
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Grob 4-17-96 Date 312-701-3978 Daytime Phone #

CR2E034 (12/95)