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

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
08/06/1993	05/01/1995
4. FEI Number	☐ Applied For ☐ Not Applicable
36-3001330	
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	

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 607.1508, 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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'HALLERAN, MICHAEL D		1.2 NAME		
STREET ADDRESS	123 NORTH WACKER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, LOREY A		2.2 NAME		
STREET ADDRESS	123 NORTH WACKER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARRAGHER, TRACEY A		3.2 NAME		
STREET ADDRESS	123 NORTH WACKER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	AV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEBRULER, CHARLES C		4.2 NAME		
STREET ADDRESS	123 NORTH WACKER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		4.4 CITY-ST-ZIP		
TITLE	AV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ENCARNACION, ZAYDA		5.2 NAME		
STREET ADDRESS	123 NORTH WACKER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		5.4 CITY-ST-ZIP		
TITLE	AV	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	GRAB, ROBERT J		6.2 NAME	Grob, Robert J.	
STREET ADDRESS	123 NORTH WACKER DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

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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 Robert J. Grob 4-17-96 312-701-3978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #