

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90004 037 \*\*\*150.00

DOCUMENT # F93000003590

1. Corporation Name

AON INSURANCE MANAGEMENT SERVICES, INC.



Principal Place of Business

123 NORTH WACKER DRIVE  
26TH FLOOR  
CHICAGO IL 60606  
US

Mailing Address

P O BOX 8264  
CHICAGO IL 60680  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1993

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME O'HALLERAN, MICHAEL D  
STREET ADDRESS 123 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL 60606

☒ DELETE

TITLE PD  
NAME HOFFMAN, LOREY A  
STREET ADDRESS 123 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE D  
NAME CARRAGHER, TRACEY A  
STREET ADDRESS 123 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

☒ DELETE

TITLE AV  
NAME DEBRULER, CHARLES C  
STREET ADDRESS 123 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL 60606

☒ DELETE

TITLE AV  
NAME ENCARNACION, ZAYDA  
STREET ADDRESS 123 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL 60606

☒ DELETE

TITLE AVD  
NAME FYDA, SUSAN M  
STREET ADDRESS 123 NORTH WACKER DRIVE  
CITY-ST-ZIP CHICAGO IL

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P D CEO

Stueben, Margaret L.

123 N. Wacker Dr.

Chicago, IL 60606

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14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE: JEROME I. BAER / V.P. TAXES

SIGNATURE

JEROME I. BAER / V.P. TAXES

4/28/99 312 701-3640

Date

Daytime Phone #

CR2E034 (11/98)