

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90044 019 ***150.00

DOCUMENT # F93000003590

1. Entity Name

AON INSURANCE MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**123 N. WACKER DRIVE
 CHICAGO, IL 60606**

**P.O. BO 8264
 CHICAGO, IL 60680-8264**

553152

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

36-3001330

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D/C ☐ Delete
 NAME KOZIOL, JR., DONALD P
 STREET ADDRESS 123 N. WACKER DRIVE
 CITY - ST - ZIP CHICAGO, IL 60606

TITLE V ☐ Delete
 NAME BAER, JEROME I
 STREET ADDRESS 123 N. WACKER DRIVE
 CITY - ST - ZIP CHICAGO, IL 60606

TITLE T ☒ Delete
 NAME HARDY, ARLENE
 STREET ADDRESS 123 N. WACKER DRIVE
 CITY - ST - ZIP CHICAGO, IL 60606

TITLE V ☐ Delete
 NAME CALDWELL, CHARLES A
 STREET ADDRESS 123 N. WACKER DRIVE
 CITY - ST - ZIP CHICAGO, IL 60606

TITLE V ☐ Delete
 NAME HURTADO, JESUS A
 STREET ADDRESS 123 N. WACKER DRIVE
 CITY - ST - ZIP CHICAGO, IL 60606

TITLE S ☐ Delete
 NAME JESCHKE, ARLENE
 STREET ADDRESS 123 N. WACKER DRIVE
 CITY - ST - ZIP CHICAGO, IL 60606

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE T ☐ Change ☒ Addition
 NAME AIGOTTI, DIANE
 STREET ADDRESS 123 N. WACKER DRIVE
 CITY - ST - ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VP-TAXES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

312-701-3600

Daytime Phone #

AON TAX DEPARTMENT
Annual Report Routing Slip

Attachment #
F93000003590

ENTITY Aon Insurance Management Sys. Inc

Insource I.D.#

426

55852

Form # Annual Report

STATE: FL

FEIN:

36-3001330

PERIOD 12/31/01

Due Date

5/7/01

Prepared by Chris Jurek

Date 04/17/01

Reviewed by

W

Date

4/17/01

Filed by

FLUKE

Date

Routing \$150.00

Refund of

Trans. To next yr.

Signatures:

FORMS:

J. Baer

☒

R. Vodziak

☐

Other:

CHECK:

J. Baer

☐

R. Vodziak

☐

Other:

Wayne Fron

Attachments:

7004

☐

List of Officers & Directors

☐

851 & Supporting Documents

☐

Other :

State Extension

☐

Mailing Address:

N/A to be mailed by Accts. Payable

Date Mailed to A.P.

4-23-01

Check No.

Cert. Mail #

Notes or Comments:

After obtaining signatures, copy the check request once and annual report twice (2x) for our files.

Send the following attachments to Accounts Payable for processing and mailing:

☐
☐
☐
☐

- A signed original Annual Report
- Duplicate copy of the signed Annual Report
- Check request
- Batch Transmittal sheet

Separate Checks

AON CORPORATION CHECK REQUEST

Attachment#
F93000003590

C5042309

CHARGE TO:

<input type="checkbox"/> AON ADVISORS (VC13)	<input type="checkbox"/> AON WARRANTY GROUP, INC. (RG61)
<input type="checkbox"/> AON AVIATION, INC. (PO893)	<input checked="" type="checkbox"/> ASC (PO963)
<input type="checkbox"/> AON CAPITAL CORPORATION (1010)	<input type="checkbox"/> AUTOMOTIVE WARRANTY SERVICES (RC51)
<input type="checkbox"/> AON CORPORATION (PO903)	<input type="checkbox"/> AUTOMOTIVE WARRANTY SERVICES FLA. (RC61)
<input type="checkbox"/> AON FOUNDATION (P993)	<input type="checkbox"/> CICA (1002)
<input type="checkbox"/> AON INS. MANAGERS N	<input type="checkbox"/> CLICNY (1005)
<input type="checkbox"/> AON RE (1011)	<input type="checkbox"/> EMPLOYEE BENEFIT COMM. (EB01)
<input type="checkbox"/> AON RISK SERVICES KA100	<input type="checkbox"/> IDS, INC. (DS81)
<input type="checkbox"/> AON SECURITIES (P973)	<input type="checkbox"/> PREMIER AUTO FIN. (1009)
<input type="checkbox"/> AON SERVICES GROUP G0592	<input type="checkbox"/> UFLIC (AUTO CREDIT) (R961)
<input type="checkbox"/> AON TECHNICAL SVCS. (RTS1)	<input type="checkbox"/> VIRGINIA SURETY CO. INC. (R811)

553/52 1940012

CA

OTHER

Print

Payee: Florida Department of State

Address: Division of Corporations

P.O. Box 1500

City, State, Zip Code: Tallahassee, FL 32302-1500

Check Box if New Address ☐

Explanation to appear on check stub

File No. F93000003590

Check Amount \$ 150.00

Today's Date: 04/17/01

Date Required 04/19/01

Mailing or Special Instruction. Check box if attachments are to be mailed ☒

FOR ACCOUNTS PAYABLE USE ONLY

VOUCHER #

VENDOR

PLEASE MAIL ORIGINAL DOCUMENTS WITH CHECK

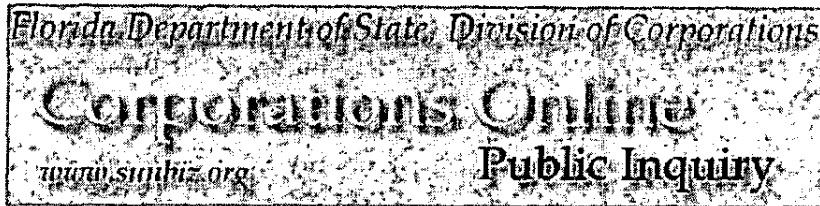
REQUESTOR Chris Jurek	TELEPHONE NO. 3991	AUTHORIZED APPROVAL Name <u>Wayne Fron</u> Signature <u>[Signature]</u>	
Account Number	Center Number	Identification Number	Amount
6898200	5410		150.00

COPY

Additional information for tax department use

Aon Insurance Management Services, Inc.

FL 2001 Annual Report

Attachment #
F93000003590

553/50

Foreign Profit

AON INSURANCE MANAGEMENT SERVICES, INC.

PRINCIPAL ADDRESS
123 NORTH WACKER DRIVE
26TH FLOOR
CHICAGO IL 60606 US
Changed 05/01/1995

MAILING ADDRESS
P O BOX 8264
CHICAGO IL 60680 US
Changed 05/15/1998

Document Number
F93000003590

FEI Number
363001330

Date Filed
08/06/1993

State
DE

Status
ACTIVE

Effective Date
NONE

Last Event
REINSTATEMENT

Event Date Filed
10/12/1994

Event Effective Date
NONE

Registered Agent

Name & Address
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

Officer/Director Detail

Name & Address	Title
KOZIOL, JR., DONALD P 123 NORTH WACKER DRIVE CHICAGO IL 60606	C
HOFFMAN, LOREY A 123 NORTH WACKER DRIVE CHICAGO IL	D
KOZIOL, DONALD P JR 123 NORTH WACKER DRIVE CHICAGO IL	D
JESCHKE, ARLENE 123 NORTH WACKER DRIVE CHICAGO IL 60606	S
HARDY, ARLENE H 123 NORTH WACKER DRIVE CHICAGO IL 60606	T
BAER, JEROME I 123 NORTH WACKER DRIVE CHICAGO IL	V