

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

**FILED**  
**Jun 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F 94000005338 (8) 1. Corporation Name CHS INSURANCE SERVICES INC.			
Principal Place of Business 800 PARKVIEW BLVD LOMBARD, IL 60148		Mailing Address CORP FINANCE, TAX DEPT 3435 STELZER ROAD COLUMBUS OH 43219-8026	
2. Principal Place of Business 21 CORP FINANCE TAX DEPT Suite, Apt. #, etc. 22 3435 STELZER RD City & State 23 COLUMBUS OH Zip 24 43219-8026		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 COLUMBUS OH Zip 29 Country 30 U.S.A.	
3. Date Incorporated or Qualified 10/14/94		3a. Date of Last Report 3/22/96	
4. FEI Number 76-0438471		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 60000221455 -06/17/97--01019--002 ***550.00
14. I do 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.			
SIGNATURE: <u>Robert J. McMullan</u>		Date: <u>6/10/97</u> Daytime Phone #: <u>203828400</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CF2E034 (9/96)

**ROBERT. J. McMULLAN**

# CHS Insurance Services, Inc.

## Corporate Officers & Directors

Position	Name	Business Address
Chairman/Director	Lynn J. Mangum	150 Clove Rd., Little Falls, NJ 07424
President	J David Huber	3435 Stelzer Rd. Columbus, Ohio 43219
Secretary	Kevin J. Dell	150 Clove Rd., Little Falls, NJ 07424
Executive VP/CFOTreasurer	Robert J. McMullan	150 Clove Rd., Little Falls, NJ 07424
Senior Vice President	Dennis sheehan	150 Clove Rd., Little Falls, NJ 07424
Senior Vice President	Mark Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Senior Vice President	George Martinez	3435 Stelzer Rd. Columbus, Ohio 43219
Vice President	Michael Burns	3435 Stelzer Rd. Columbus, Ohio 43219
Assistant Secretary	Annamaria Porcaro	150 Clove Rd., Little Falls, NJ 07424
Assistant Secretary	Robert Tuch	3435 Stelzer Rd. Columbus, Ohio 43219