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 # **F95000004351 (1)**

1. Corporation Name
MANAGEMENT GROUP INSURANCE SERVICES, INC.

Principal Place of Business
9700 WEST BRYN MAWR AVENUE. SUITE 150
ROSEMONT IL 60018-5701

Mailing Address
9700 WEST BRYN MAWR AVENUE. SUITE 150
ROSEMONT IL 60018-5701

3. Date Incorporated or Qualified: **09/06/1995**
3a. Date of Last Report:

4. FEI Number: **36-3766573** ☐ 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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: If a Registered Agent signature is required, the date is required — DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	BOLTON, L. JACK DDS	
STREET ADDRESS	7040 CHIPPERTON	
CITY-ST-ZIP	DALLAS TX 75225	
TITLE	SD	☐ DELETE
NAME	ESTABROOKS, LEWIS N DMD	
STREET ADDRESS	3 ATLANTIC DR.	
CITY-ST-ZIP	SCARBOROUGH ME 04074	
TITLE	TD	☐ DELETE
NAME	TOPF, JEFFREY S DDS	
STREET ADDRESS	25455 YORK	
CITY-ST-ZIP	HUNTINGTON WOOD MI 48070	
TITLE	D	☐ DELETE
NAME	ALLEN, J. DAVID DDS	
STREET ADDRESS	5090 CHASTLETON DR.	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	D	☐ DELETE
NAME	DEEGAN, ALAN E DDS	
STREET ADDRESS	6073 SOUTH PIKE DRIVE	
CITY-ST-ZIP	LARKSPUR CO 80118	
TITLE	VCOO	☐ DELETE
NAME	LUDWIG, KENNETH	
STREET ADDRESS	316 ASHLAND AVE	
CITY-ST-ZIP	RIVER FOREST IL 60305	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT-FINANCE	☐ Change ☒ Addition
1.2 NAME	WILLIAM C. PASSOLT	
1.3 STREET ADDRESS	172 KNIGHTSBRIDGE DRIVE	
1.4 CITY-ST-ZIP	MUNDELEIN, IL 60060	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: William C Passolt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. PASSOLT
VICE PRESIDENT-FINANCE 4/1/96 847-928-0047
Date Daytime Phone #

CR2E034 (12/95)