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May 05 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 # **F95000004351 (1)**

1. Corporation Name
**MANAGEMENT GROUP INSURANCE SERVICES, INC.**

Principal Place of Business
6133 N. RIVER ROAD
SUITE 650
ROSEMONT IL 60018-5173

Mailing Address
6133 N. RIVER ROAD
SUITE 650
ROSEMONT IL 60018-5173

3. Date Incorporated or Qualified: 09/06/1995
3a. Date of Last Report: 04/23/1996

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

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

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: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | VPF | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | WILLIAM C. PASSOLT | | 1.2 NAME | |
| STREET ADDRESS | 172 KNIGHTSBRIDGE DR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MUNDELEIN IL | | 1.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ESTABROOKS, LEWIS N DMD | | 2.2 NAME | |
| STREET ADDRESS | 3 ATLANTIC DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SCARBOROUGH ME 04074 | | 2.4 CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | TOPF, JEFFREY S DDS | | 3.2 NAME | |
| STREET ADDRESS | 25455 YORK | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HUNTINGTON WOOD MI 48070 | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | DIRECTOR ☐ Change ☒ Addition |
| NAME | ALLEN, J. DAVID DDS | | 4.2 NAME | STEVEN M. HOLMES, DDS |
| STREET ADDRESS | 5090 CHASTLETON DR. | | 4.3 STREET ADDRESS | 1117 ALHAMBRA CIRCLE |
| CITY-ST-ZIP | STONE MOUNTAIN GA 30087 | | 4.4 CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | D | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | DEEGAN, ALAN E DDS | | 5.2 NAME | |
| STREET ADDRESS | 6073 SOUTH PIKE DRIVE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARKSPUR CO 80118 | | 5.4 CITY-ST-ZIP | |
| TITLE | VCOO | ☐ DELETE | 6.1 TITLE | ☒ Change ☐ Addition |
| NAME | LUDWIG, KENNETH | | 6.2 NAME | |
| STREET ADDRESS | 316 ASHLAND AVE | | 6.3 STREET ADDRESS | 1218 FRANKLIN AVE. |
| CITY-ST-ZIP | RIVER FOREST IL 60305 | | 6.4 CITY-ST-ZIP | RIVER FOREST, IL 60305 |

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: [signature] 4/24/97 (847)384-0064

CR2E034 (9/96)