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FILED
May 13 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 # **F95000005192 (8)**

1. Corporation Name
AON INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
123 N. WACKER DR. CHICAGO IL 60606	123 N. WACKER DR. CHICAGO IL 60606-1700

3. Date Incorporated or Qualified: 10/24/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26: P.O. Box 8264
27: Suite, Apt. #, etc.:
28: City & State: Chicago IL
29: Zip: 60606 30: Country: US.

4. FEI Number: 36-4019935 ☐ 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EISENMANN, JAMES R		1.2 NAME		
STREET ADDRESS	123 N. WACKER DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOYS, ROBERT M		2.2 NAME		
STREET ADDRESS	123 N. WACKER DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		2.4 CITY-ST-ZIP		
TITLE	DAT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETERS, DALE E		3.2 NAME		
STREET ADDRESS	123 N. WACKER DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICE, MICHAEL D		4.2 NAME		
STREET ADDRESS	123 N. WACKER DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☐ Addition
NAME	RABIN, PAUL I		5.2 NAME	ARLENE H. HARDY	
STREET ADDRESS	123 N. WACKER DR.		5.3 STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606		5.4 CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JESCHKE, ARLENE		6.2 NAME		
STREET ADDRESS	123 N. WACKER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: