

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90719 030 ***150.00

0608690 AT

DOCUMENT # F95000005192

1. Entity Name

AON INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

**123 N. WACKER DR.
CHICAGO IL 60606**

**P.O. BOX 8264
CHICAGO IL 60680
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 E RANDOLPH STREET

3. Mailing Address

P.O. Box 8264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Dept 4th Floor

City & State

CHICAGO, Illinois

City & State

CHICAGO, Illinois

Zip

60601

Country

U.S.A

Zip

60680-8264

Country

U.S.A

4. FEI Number

36-4019935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	GARRIN, KERIN	
STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FOYS, ROBERT M	
STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRIN, KERIN	
STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAPONETTI, ERNEST	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	T	<input type="checkbox"/> Delete
NAME	AIGOTTI, DIANE	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. EISENMANN	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESA E. BAER	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN P. GARVIN	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT M FOYS	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	DIANE M. AIGOTTI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARLENE JESCHKE	
STREET ADDRESS	200 E RANDOLPH STREET	
CITY-ST-ZIP	CHICAGO, ILLINOIS 60601	

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:

TERESA E. BAER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02 312-381-1000

CR2E034 (9/01)