

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90044 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96000006312

1. Corporation Name  
**GALLAGHER BENEFIT ADMINISTRATORS, INC.**



Principal Place of Business Mailing Address  
 2 PIERCE PLACE 2 PIERCE PLACE  
 ITASCA IL 60143 ITASCA IL 60143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/04/1996**

4. FEI Number Applied For  
**36-4099199** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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	VD	<input type="checkbox"/> DELETE
NAME	CLOHERTY, MICHAEL J	
STREET ADDRESS	2 PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DURKIN, JAMES W JR	
STREET ADDRESS	2 PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSENGREN, JOHN C	
STREET ADDRESS	2 PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARAHER, JOHN J	
STREET ADDRESS	2 PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FANSLER, GARY R	
STREET ADDRESS	2 PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARK P. STRAUGH	
6.3 STREET ADDRESS	TWO PIERCE PLACE	
6.4 CITY-ST-ZIP	ITASCA, IL 60143	

14. 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 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, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

630/773-3800

Date Daytime Phone #

CR2E034 (11/98)

545506-90044-24  
F96.000006312

**GALLAGHER BENEFIT ADMINISTRATORS, INC.**

**Incorporated** : Illinois  
**Date** : 03/29/96  
**% Ownership** : Gallagher Bassett Services, Inc.  
**Federal ID #** : 36-4099199

**CAPITAL STOCK:**

**Common**

Price/Par Value: \$1.00

Authorized: 1,000

Outstanding: 1,000

**DIRECTORS:**

Michael J. Cloherty	Director
James W. Durkin, Jr.	Director
Gary R. Fansler	Director

**OFFICERS:**

James W. Durkin, Jr.	Chairman
Gary R. Fansler	President
Michael J. Cloherty	Vice President - Finance
John C. Rosengren	Vice President and General Counsel
John J. Caraher	Vice President
David R. Long	Vice President
Mark P. Strauch	Treasurer
Jack H. Lazzaro	Controller
Michael J. Cloherty	Secretary
Christine D. Greb	Assistant Secretary

**Purpose of Business:**

Third Party Administrator

**Primary Address:**

Two Pierce Place  
Itasca, Illinois 60143-3141