2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001123

1. Entity Name
AMERICAN BAR INSURANCE PLANS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
321 N CLARK ST 14TH FLOOR CHICAGO, IL 60610	321 N CLARK ST 14TH FLOOR CHICAGO, IL 60610

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3650005
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BEAR, WILLIAM R
STREET ADDRESS	750 NORTH LAKESHORE DR
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	V
NAME	ANDREWS, J D
STREET ADDRESS	1201 THIRD AVENUE 40TH FLOOR
CITY-ST-ZIP	SEATTLE, WA 981013099
TITLE	S
NAME	SLEDD, HERBERT D
STREET ADDRESS	250 WEST MAIN STREET
CITY-ST-ZIP	LEXINGTON, KY 40507
TITLE	T
NAME	LEIBOLD, ARTHUR JR
STREET ADDRESS	177E EYE ST NW
CITY-ST-ZIP	WASHINGTON, DC 20006
TITLE	D
NAME	RICHMOND, ALICE
STREET ADDRESS	1 BEACON ST
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	P
NAME	FALSQRAF, WILLIAM W
STREET ADDRESS	3200 NATIONAL CITY CENTER
CITY-ST-ZIP	CLEVELAND, OH 44114

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02/11/05-80044-011 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William R Bear 1/26/04 312-988-6927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #