2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F97000001123



FILED Jan 08, 2007 8:00 am Secretary of State

e An Bar I	NSURANCE PLAN	01-08-2007 90251 014 ***150.00									
e of Business (ST 60610	S	Mailing Address 321 N CLARK ST 14TH FLOOR CHICAGO, IL 60610			Hillige fil		- IN a t ihi a dha i 16 1 a :	I KIDID KIDIDA KI	11 11 1 () (1111		
Principal Place of Business - No P.O. Box # Mailing Address											
#, etc.		Suite, Apt. #, etc.			01042007	Chg-P	CR2E034	4 (12/06)			
9		City & State						_ 	pplied For		
p Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				litional		
6. Name and Address of Current Reg			gistered Agent			7. Name and Address of New Registered Agent					
	. = =		Nar	Name							
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST					Street Address (P.O. Box Number is Not Acceptable)						
	32399-0000										
				City FL Zip Code					0		
ons of registe	ered agent.					th, in the State of Fid		miliar with,	and accept		
ogradio , typeo :	or princed retine or registered agent at	d the ri approache: (1401)	E. Hegistered Agent	signatura radoriac	when reinstating)		DATE				
		1				·					
	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTOR	3 IN 11		
750 NORT	H LAKESHORE DR	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS 321	R, WIII	13M R RK, 14# F	∓1.		Addition		
1201 THIR	RD AVENUE 40TH FLOO	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP					Change	☐ Addition		
SLEDD, HERBERT D SS 250 WEST MAIN STREET NAI STR			TITLE NAME STREET ADDR CITY-ST-ZIP	ESS 20	North B	roadway		Change	Addition		
177E EYE	STNW	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			<i>J</i> ,		Change	Addition		
1 BEACON	N ST	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			[☐ Change	Addition		
3200 NATI	ONAL CITY CENTER ND, OH 44114	☐ Delete	CITY-ST-ZIP						Addition		
	e of Business (ST 60610 lace of Busin #, etc. 6. Name ANCIAL C 200 (3231 NES ST SSEE, FL named entity ons of registr Signature. typed VP BEAR, WII 750 NORT CHICAGO V ANDREW 1201 THIR SEATTLE, S SLEDD, H 250 WEST LEXINGTO T LEIBOLD, 177E EYE WASHING D RICHMON 1 BEACON BOSTON, P FALSQRA 3200 NATI CLEVELAI	e of Business (ST 60610 lace of Business - No P.O. Box # #, etc. Country 6. Name and Address of Current F ANCIAL OFFICER 200 (32314-6200) NES ST SSEE, FL 32399-0000 named entity submits this statement for ons of registered agent. E NOWILL FEE IS \$150.00 BY 1, 2007 Fee will be \$550.0 OFFICERS AND D VP BEAR, WILLIAM R 750 NORTH LAKESHORE DR CHICAGO, IL 60611 V ANDREWS, J D 1201 THIRD AVENUE 40TH FLOCE SEATTLE, WA 981013099 S SLEDD, HERBERT D 250 WEST MAIN STREET LEXINGTON, KY 40507 T LEIBOLD, ARTHUR JR 177E EYE ST NW WASHINGTON, DC 20006 D RICHMOND, ALICE 1 BEACON ST BOSTON, MA 02108 P FALSQRAF, WILLIAM W 3200 NATIONAL CITY CENTER CLEVELAND, OH 44114	e of Business (ST 321 N CLARK ST 14TH FLOOR 60610 CHICAGO, IL 60610 Face of Business - No P.O. Box # 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ANCIAL OFFICER 200 (32314-6200) NES ST SEE, FL 32399-0000 PARTICLE ST SEE, FL 32399-0000 Signature, typed or printed name of registered agent and 336 # applicable. (NOT SEE, TL 32399-000) ENOWILL FEE IS \$150.00 OFFICERS AND DIRECTORS VP DELECTIONS VP DE	e of Business (ST 321 N CLARK ST 14TH FLOOR CHICAGO, IL 60610 lace of Business - No P.O. Box # 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent ANCIAL OFFICER 200 (32314-6200) NES ST SEE, FL 32399-0000 City named entity submits this statement for the purpose of changing its registered officions of registered agent. Part of the purpose of changing its registered officions of registered agent. Part of the purpose of changing its registered officions of registered agent. Part of the purpose of changing its registered officions of registered agent. Part of the purpose of changing its registered officions of registered agent. Part of the purpose of changing its registered officions of registered agent. Part of the purpose of changing its registered officions of registered agent. Part of the purpose of changing its registered officions of registered agent. Part of the purpose of changing its registered officions of registered agent. Part of the purpose of changing its registered agent and steril agent of applicable. Part of the purpose of changing its registered agent agent and steril agent ag	BAR INSURANCE PLANS CONSULTANTS, a of Business Mailing Address 321 N CLARK ST 147H FLOOR 60610 CHICAGO, IL 60610 Suite, Apl. #, etc. Country Zip Country Zip Country Zip Country Zip Country City & State Country City & State Country City ANCIAL OFFICER 200 (32314-6200) NES ST SEE, FL 32399-0000 City named entity submits this statement for the purpose of changing its registered Agent signature required agent and size # applicable. City & State Country City City Name ANCIAL OFFICER 200 (32314-6200) NES ST SEE, FL 32399-0000 City named entity submits this statement for the purpose of changing its registered office or register one of registered agent. Signature, hyped or pursed name of registered agent and size # applicable. 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And C. Suite. Apt. #. etc. 01042007 Chg-P Country Zp Country 5. Centricate of Status Desired #. Name and Address of Current Registered Agent 7. Name and Address of New R ANCIAL OFFICER 200 (22314-6200) NESS ST SEE, FL 32399-0000 Cry Raimed onely submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Ficons of registered agent are 384 Applicable. POTE Registered Agent surelus reasons over-certainsqui ENOWITE FEE IS \$150.00 y 1, 2007 Fee will be \$550.00 P Election Campaign Financing \$5.00 May Be Added to Fees YP BEAR, WILLIAM R 750 NORTH LAKESHORE DR CHICAGO, IL 60611 VANAME SINEET ADDRESS SEATTLE, WA 981013099 Desite MILE SINEET ADDRESS SEATTLE, WA 981013099 D SECON HERBERT D SUCON HERBERT D	AND BAR INSURANCE PLANS CONSULTANTS, Insurance In	Mailing Address (ST 321 N CLARK ST 14TH FLOOR CHEAGO, IL 60610 Size of Business - No P.O. Box # 3. Mailing Address (ST 321 N CLARK ST 14TH FLOOR CHEAGO, IL 60610 Size of Business - No P.O. Box # 3. Mailing Address (F. oc. Sute Apr. #, etc. 01042007 Chg-P CR2E034 (12/08) Country Sp C		

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR