

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000001123

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



Principal Place of Business

**321 N CLARK ST
14TH FLOOR
CHICAGO, IL 60610**

Mailing Address

**321 N CLARK ST
14TH FLOOR
CHICAGO, IL 60610**



01022008 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BEAR, WILLIAM R 321 N CLARK 14TH FLOOR CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDREWS, J D 1201 THIRD AVENUE 40TH FLOOR SEATTLE, WA 981013099
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAM, PAUL 20 NORTH BROADWAY OKLAHOMA CITY, OK 73102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEIBOLD, ARTHUR JR 177E EYE ST NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHMOND, ALICE 1 BEACON ST BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FALSGRAF, WILLIAM 3200 NATIONAL CITY CENTER CLEVELAND, OH 44114

1100000800385
01/31/08-80015-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08 312 988-6427

Date

Daytime Phone #