2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001123

Entity Name: AMERICAN BAR INSURANCE PLANS CONSULTANTS, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
321 N CLARK ST 14TH FLOOR CHICAGO, IL 60610				321 N CLARK ST 14TH FLOOR CHICAGO, IL 60654			
Current Mailing Address:				New Mailing Address:			
321 N CLARK ST 14TH FLOOR CHICAGO, IL 60610				321 N CLARK ST 14TH FLOOR CHICAGO, IL 60654			
FEI Number: 36-3650005 FEI Number Applied For () FEI Num				mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
P O BOX 6 200 E. GAI TALLAHAS	SSEE, FL 3239 named entity s	200)	rpose of	f changing it	s registered o	ffice or registered	agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () BEAR, WILLIAN 321 N CLARK 1 CHICAGO, IL 6	14TH FLOOR		Title: Name: Address: City-St-Zip:	E (X) BEAR, WILLIAM 321 N CLARK 1 CHICAGO, IL 6	4TH FLOOR	
Title: Name: Address: City-St-Zip:	ANDREWS, J	ENUE 40TH FLOOR		Title: Name: Address: City-St-Zip:	ANDREWS, J D	'ENUE 40TH FLOOR	
Title: Name: Address: City-St-Zip:	S () WILLIAM, PAUI 20 NORTH BRO OKLAHOMA CI	DADWAY		Title: Name: Address: City-St-Zip:	WILLIAM, PAUL 20 NORTH BRO	DADWAY	
Title: Name: Address: City-St-Zip:	T () LEIBOLD, ARTI 177E EYE ST N WASHINGTON,	HUR JR NV		Title: Name: Address: City-St-Zip:	FALSGRAF, WI	L CITY CENTER	
Title: Name: Address: City-St-Zip:	D (X RICHMOND, AL 1 BEACON ST BOSTON, MA			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	FALSGRAF, W	L CITY CENTER		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. BEAR EX D 01/07/2009