

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001123

FILED  
Feb 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

321 N CLARK ST  
14TH FLOOR  
CHICAGO, IL 60654

**New Principal Place of Business:**

**Current Mailing Address:**

321 N CLARK ST  
14TH FLOOR  
CHICAGO, IL 60654

**New Mailing Address:**

**FEI Number:** 36-3650005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: E  
Name: BEAR, WILLIAM R  
Address: 321 N CLARK 14TH FLOOR  
City-St-Zip: CHICAGO, IL 60654

Title: P  
Name: ANDREWS, J D  
Address: 1201 THIRD AVENUE 40TH FLOOR  
City-St-Zip: SEATTLE, WA 98101

Title: T  
Name: WILLIAM, PAUL  
Address: 20 NORTH BROADWAY  
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: V  
Name: RICHMOND, ALICE  
Address: 36 BRIMMER STREET  
City-St-Zip: BOSTON, MA 02108

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. BEAR

EXEC

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date