# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2012**
**Secretary of State**

DOCUMENT# F97000001123

**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

**OFFICERS AND DIRECTORS:**

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

Title: P
Name: EDMON, LEE S
Address: 111 N. HILL STREET, DEPT. 1
City-St-Zip: LOS ANGELES, CA 90012

Title: T
Name: RICHMOND, ALICE
Address: 39 BRIMMER STREET
City-St-Zip: BOSTON, MA 02108

Title: VP
Name: THOMPSON, CHARLES M
Address: P.O. BOX 777
City-St-Zip: PIERRE, SD 57501

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 ED 01/05/2012

Electronic Signature of Signing Officer or Director — Date