

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06810

1. Entity Name

GALLAGHER BASSETT SERVICES, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90037 025 \*\*\*150.00

101483



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
TWO PIERCE PLACE  
ITASCA IL 60134

Mailing Address  
TWO PIERCE PLACE  
ITASCA IL 60143-1203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3365500**

Applied For  
Not Applicable

Zip Country

Zip Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPFS	<input type="checkbox"/> Delete
NAME	CLOHERTY, MICHAEL J.	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DURKAGSKI, PETER J	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LONG, DAVID R.	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	STRAUCH, MARK P	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	VPGC	<input type="checkbox"/> Delete
NAME	ROSENGREN, JOHN C	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MASON, ROBERT F	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/24/2000  
Date

630/773-3800  
Daytime Phone #

CR2E034 (9/99)

**GALLAGHER BASSETT SERVICES, INC.**

Attachment  
101483  
#D06810

**Incorporated :** Delaware

**Date :** 04/08/85

**% Ownership :** 100% Arthur J. Gallagher & Co.

**Federal ID # :** 36-3365500

**CAPITAL STOCK:**

**Common**

Price/Par Value: \$1.00

Authorized: 1,000

Outstanding: 1,000

**DIRECTORS:**

Michael J. Cloherty

Director

Peter J. Durkalski

Director

J. Patrick Gallagher, Jr.

Director

**OFFICERS:**

Peter J. Durkalski

President

Gary R. Fansler

Division Chief Operating Officer

Richard J. McKenna

Executive Vice President

Michael J. Cloherty

Vice President - Finance

John C. Rosengren

Vice President and General Counsel

J. Patrick Gallagher, Jr.

Vice President

Walter P. Gawaluch

Vice President

David R. Long

Vice President

Robert D. Borgelt

Division Senior Vice President

John J. Caraher

Division Vice President

David M. Murphy

Division Asst. Vice President

W. Lawrence Pfeiffer

Division Asst. Vice President

Mark P. Strauch

Treasurer

Robert F. Mason

Chief Financial Officer

Michael J. Cloherty

Secretary

Christine D. Greb

Assistant Secretary

**Purpose of Business:**

Claims administration services to self-insureds

**Primary Address:**

Two Pierce Place

Itasca, Illinois 60143-3141