

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90217 032 ***150.00

DOCUMENT # P26000

1. Entity Name

AFFINITY INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

123 NORTH WACKER DRIVE
 CHICAGO IL 60606

P.O. BOX 8264
 CHICAGO IL 60680-8264
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3642411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 *NA*

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	D	☒ Delete
NAME	RICE, MICHAEL D.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☐ Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	☐ Delete
NAME	HARDY, ARLENE	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	TREVOSE PA	
TITLE	PD	☒ Delete
NAME	FOYS, ROBERT M.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	☒ Delete
NAME	HANNER, JEROME S	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	☐ Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	

TITLE	Director	☒ Change ☐ Addition
NAME	Daniel T. Cox	
STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	Vice President	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman, President, CEO	☒ Change ☐ Addition
NAME	Donald C. Ingram	
STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	Director	☒ Change ☐ Addition
NAME	Donald C. Ingram	
STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		☐ Change ☐ 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)(i), 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)