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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68873

(1)

1. Corporation Name

AON HEALTHCARE RISK, INC.

Principal Place of Business

Mailing Address

123 NORTH WACKER DR.
26 FLOOR
CHICAGO IL 60606
US

123 NORTH WACKER DR.
26 FLOOR
CHICAGO IL 60606-1700



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 8264

22 City & State

27 Chicago IL

23 Zip

25 Country

28 60606

30 U.S.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33224

3. Date Incorporated or Qualified

10/06/1992

3a. Date of Last Report

05/01/1996

4. FET Number

65-0360418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
EVERETT, FRANCES B
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ DELETE

NAME V
HANNER, JEROME S
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☒ DELETE

NAME T
RABIN, PAUL I
STREET ADDRESS 123 N. ACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ DELETE

NAME S
JESCHKE, ARLENE
STREET ADDRESS 123 N. WALKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE ☒ DELETE

NAME AV
GROB, ROBERT
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME VD
HUNGER, DANIEL F
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME T

3.3 STREET ADDRESS ARLENE H. HARDY

3.4 CITY-ST-ZIP 123 N. WACKER DR.

4.1 TITLE Chicago IL 60606

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME AVP

5.3 STREET ADDRESS Susan M. Fuda

5.4 CITY-ST-ZIP 123 N. WACKER DR.

6.1 TITLE Chicago IL 60606

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan M. Fuda 4/29/97 312.701.2078

CR2E034 (9/96)