

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002505

FILED
Mar 28, 2011
Secretary of State

Entity Name: CAMBRIDGE GALAHER SETTLEMENTS AND INSURANCE SERVICES, INC.

Current Principal Place of Business:

8755 WEST HIGGINS
11TH FLOOR
CHICAGO, IL 60631

New Principal Place of Business:

Current Mailing Address:

8755 WEST HIGGINS
11TH FLOOR
CHICAGO, IL 60631

New Mailing Address:

FEI Number: 36-4268480 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DP
Name: BEARD, STEVEN
Address: 8755 WEST HIGGINS 11TH FLOOR
City-St-Zip: CHICAGO, IL 60631

Title: VPS
Name: SHOOK, MICHAEL V
Address: 8755 WEST HIGGINS 11TH FLOOR
City-St-Zip: CHICAGO, IL 60631

Title: D
Name: STRATFORD, JON
Address: 8755 WEST HIGGINS 11TH FLOOR
City-St-Zip: CHICAGO, IL 60631

Title: D
Name: GROS, RICHARD
Address: 8755 WEST HIGGINS 11TH FLOOR
City-St-Zip: CHICAGO, IL 60631

Title: VP
Name: JOHNSON, MARK
Address: 8755 WEST HIGGINS 11TH FLOOR
City-St-Zip: CHICAGO, IL 60631

Title: VP
Name: MARTIN, JOHN
Address: 8755 WEST HIGGINS 11TH FLOOR
City-St-Zip: CHICAGO, IL 60631

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: MICHAEL V. SHOOK

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03/28/2011

Electronic Signature of Signing Officer or Director

_____ Date