No. C 153285		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CHICAGO LAWYERS INSURANCE SERVICES, INC. C/O MADELINE LOVEJOY 2510 N. REDHILL AVE. SANTA ANA CA 92705						
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Corporations: Enter Name	es and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Tre	easurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT F	SIDENT ROGER S. JEWKES		3760 STATE STREET SUITE 2	10	SANTA BARBARA	CA	USA	93105
SECRETARY 1	MICHAEL L	GRAVELLE	601 RIVERSIDE AVE.		JACKSONVILLE	FL	USA	32204
DIRECTOR	RAYMOND R	QUIRK	601 RIVERSIDE AVE.		JACKSONVILLE	FL	USA	32204
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
CA C 153285		Signature: Madeline GM Lovejoy			Date: 01/05/2015			
		Name (type or print): Madeline GM Lovejoy			Title: avp / as			
rocessed 01/05/2015 * Electronically provided signatures are accepted as original signatures.								