No. C 153285		Due no later than Feb 28, 2010			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed.			CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080									
		CHICAGO HERITAGE INSURANCE SERVICES, INC. C/O MADELINE BAREWALD 2510 N. REDHILL AVE. SANTA ANA CA 92705			USA 83/02				
					3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Corporations: Enter Na	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT MARK O DA		VEY	601 RIVERSIDE AVE.		JACKSONVILLE	FL	USA	32204	
SECRETARY 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: Michael L. Gravelle			Date: 12/23/2009				
		Name (type or print): Michael L. Gravelle			Title: Secretary				
Processed 12/23/2009	rocessed 12/23/2009 * Electronically provided signatures are accepted as original signatures.								