

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90030 011 \*\*\*150.00

**DOCUMENT # F96000006312**

1. Entity Name  
**GALLAGHER BENEFIT ADMINISTRATORS, INC.**

Principal Place of Business      Mailing Address  
**2 PIERCE PLACE                      2 PIERCE PLACE**  
**ITASCA IL 60143                      ITASCA IL 60143**

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 **36-4099199**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (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, 2001 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CLOHERTY, MICHAEL J</b> <b>2 PIERCE PLACE</b> <b>ITASCA IL 60143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>DURKIN, JAMES W JR</b> <b>2 PIERCE PLACE</b> <b>ITASCA IL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROSENGREN, JOHN C</b> <b>2 PIERCE PLACE</b> <b>ITASCA IL 60143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CARAHER, JOHN J</b> <b>2 PIERCE PLACE</b> <b>ITASCA IL 60143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FANSLER, GARY R</b> <b>2 PIERCE PLACE</b> <b>ITASCA IL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **TRADER**      4-5-01      630-775-3800  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # 96000006312

GALLAGHER BENEFIT ADMINISTRATORS, INC.

00038940

Incorporated : Illinois  
Date : 03/29/96  
% Ownership : Gallagher Bassett Services, Inc.  
Federal ID # : 36-4099199

**CAPITAL STOCK:**

Common

Price/Par Value: \$1.00

Authorized: 1,000

Outstanding: 1,000

**DIRECTORS:**

Michael J. Cloherty	Director
James W. Durkin, Jr.	Director
Gary R. Fansler	Director

**OFFICERS:**

James W. Durkin, Jr.	Chairman
Gary R. Fansler	President
Michael J. Cloherty	Vice President - Finance
John C. Rosengren	Vice President and General Counsel
John J. Caraher	Vice President
David R. Long	Vice President
<del>Mark P. Strauch</del>	<del>Treasurer</del>
Jack H. Lazzaro	Controller / Treasurer
Michael J. Cloherty	Secretary
Christine D. Greb	Assistant Secretary

**Purpose of Business:**

Third Party Administrator

**Primary Address:**

Two Pierce Place  
Itasca, Illinois 60143-3141