

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006312

FILED
Apr 11, 2004
Secretary of State

Entity Name: GALLAGHER BENEFIT ADMINISTRATORS, INC.

Current Principal Place of Business:

2 PIERCE PLACE
ITASCA, IL 60143

New Principal Place of Business:

Current Mailing Address:

2 PIERCE PLACE
ITASCA, IL 60143

New Mailing Address:

FEI Number: 36-4099199 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUNKIN, JAMES W JR
Address: 2 PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: CD () Delete
Name: DURKIN, JAMES W JR
Address: 2 PIERCE PLACE
City-St-Zip: ITASCA, IL

Title: V () Delete
Name: ROSENGREN, JOHN C
Address: 2 PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: V () Delete
Name: CARAHER, JOHN J
Address: 2 PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: PD () Delete
Name: FANSLER, GARY R
Address: 2 PIERCE PLACE
City-St-Zip: ITASCA, IL

Title: T () Delete
Name: LAZZARO, JACK H
Address: TWO PIERCE PL
City-St-Zip: ITASCA, IL 60143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DURKIN, JAMES W JR
Address: 2 PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: D (X) Change () Addition
Name: FANSLER, GARY R
Address: 2 PIERCE PLACE
City-St-Zip: ITASCA, IL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LONG, DAVID R
Address: 2 PIERCE PLACE
City-St-Zip: ITASCA, IL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JACK H LAZZARO

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04/11/2004

Electronic Signature of Signing Officer or Director

_____ Date