



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 139214		2. Name of Corporation Chicago Heritage Insurance Services, Inc.			
3. Street Address Principal Business Office 10301 Deerwood Park Blvd.			City Jacksonville	State FL	Zip 32256
4. Business Phone No. (904) 854-8100		5. State of Incorporation CALIFORNIA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK O. DAVEY			Vice President Name ANTON ROSANDIC		
Street Address 10301 Deerwood Park Blvd.			Street Address 10301 Deerwood Park		
City Jacksonville	State FL	Zip 32256	City Jacksonville	State FL	Zip 32256
Secretary Name TODD C. JOHNSON			Treasurer Name PATRICK G. FARENGA		
Street Address 601 Riverside Ave.			Street Address 601 Riverside Ave.		
City Jacksonville	State FL	Zip 32204	City Jacksonville	State FL	Zip 32204
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM P. FOLEY, II			Director Name		
Street Address 601 Riverside Ave.			Street Address		
City Jacksonville	State FL	Zip 32204	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM NO PAR VALUE			1,000	common	NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date 2-14-05  
Check No 28600286  
By: KB

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Todd C. Johnson 01/28/2005  
Signature of Officer Date

TODD C. JOHNSON

Print or Type Name of Officer

SENIOR VICE PRESIDENT & Secretary

Title of Officer