



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001666594

**2. Name of Corporation** AMERICAN LAWYERS INSURANCE PLANS, INC.

**3. Street Address Principal Business Office:**

No. and Street: 321 N. CLARK STREET, SUITE 1400

City or Town: CHICAGO

State: IL Zip: 60654 Country: USA

**4. Business Phone No.**

3129886400

**5. State of Incorporation**

State: IL

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

**6. Brief Description of the Character of Business Conducted in Rhode Island**

THE BUSINESS OF INSURANCE FUNCTIONING AS A NON-RESIDENT INSURANCE AGENCY  
AND THIRD PARTY ADMINISTRATOR

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LEE EDMON	300 SOUTH SPRING STREET LOS ANGELES, CA 90013 USA
TREASURER	I. S. LEEVY JOHNSON	1615 BARNWELL STREET COLUMBIA, SC 29202 USA
SECRETARY	I. S. LEEVY JOHNSON	1615 BARNWELL STREET COLUMBIA, SC 29202 USA
VICE PRESIDENT	LORA J LIVINGSTON	PO BOX 202645 AUSTIN, TX 78720 USA
DIRECTOR	WILLIAM R BEAR	321 N. CLARK STREET, SUITE 1400 CHICAGO, IL 60654 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	1000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 29 Day of February, 2024 at 4:24:46 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LEE EDMON  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved