

1.) CORPORATION NAME:

Cambridge Galaher Settlements and Insurance Services, Inc.

DUE DATE: **11/30/2010**

SCC ID NO: **F1421942**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8755 WEST HIGGINS 11TH FL

CITY/ST/ZIP: CHICAGO, IL 60631-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL V SHOOK
TITLE: SVP/SECRETARY
ADDRESS: 8755 WEST HIGGNS 11TH FL
CITY/ST/ZIP/CO: CHICAGO, IL 60631-

OFFICER DIRECTOR

NAME: RICHARD GROS
TITLE: DIRECTOR
ADDRESS: 8755 WEST HIGGINS 11TH FL
CITY/ST/ZIP/CO: CHICAGO, IL 60631-

OFFICER DIRECTOR

NAME: STEVEN BEARD
TITLE: PRES/DIR
ADDRESS: 8755 WEST HIGGINS 11TH FL
CITY/ST/ZIP/CO: CHICAGO, IL 60631-

OFFICER DIRECTOR

NAME: RICHARD GROS
TITLE: DIRECTOR
ADDRESS: 8755 WEST HIGGINS
11TH FLOOR
CITY/ST/ZIP/CO: CHICAGO, IL 60631-

OFFICER DIRECTOR

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JON STRATFORD		
TITLE:	DIRECTOR		
ADDRESS:	8755 WEST HIGGINS		
	11TH FLOOR		
CITY/ST/ZIP/CO:	CHICAGO, IL 60631-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MICHAEL V SHOOK</u>	MICHAEL V SHOOK,	<u>10/13/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SVP/SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.