

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213536379
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1.) CORPORATION NAME: <b>Chicago Lawyers Insurance Services, Inc.</b>	DUE DATE: <b>9/30/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD SUITE 301 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1486077</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>CA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 RIVERSIDE AVENUE

CITY/ST/ZIP: JACKSONVILLE, FL 32204

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROGER S. JEWKES TITLE: PRESIDENT ADDRESS: 3916 STATE STREET SUITE 100 CITY/ST/ZIP/CO: SANTA BARBARA, CA 93105		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY J PARK TITLE: EXEC VP ADDRESS: 601 RIVERSIDE AVE CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL L GRAVELLE TITLE: EVP/SEC ADDRESS: 601 RIVERSIDE AVE CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MADELINE LOVEJOY TITLE: AVP/AS ADDRESS: 2510 N REDHILL AVE CITY/ST/ZIP/CO: SANTA ANA, CA 92705		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND R QUIRK TITLE: DIRECTOR ADDRESS: 601 RIVERSIDE AVE CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204		

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.

/s/ MADELINE LOVEJOY	MADELINE LOVEJOY, AVP/AS	8/5/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.