2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2011
Secretary of State

DOCUMENT# F09000004474

Entity Name: JNF INSURANCE SERVICES, INC.

Current Principal Place of Business:

9920 CORPORATE CAMPUS DRIVE
SUITE 1000
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

9920 CORPORATE CAMPUS DRIVE
SUITE 1000
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 27-0293031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD
Name: GREENBERG, LAURENCE
Address: 435 HUDSON STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: D
Name: SMILOW, DAVID
Address: 435 HUDSON STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: VP
Name: VAP, JOSEPH
Address: 9920 CORPORATE CAMPUS DRIVE, SUITE 1000
City-St-Zip: LOUISVILLE, KY 40223

Title: S
Name: HAWLEY, CRAIG A
Address: 9920 CORPORATE CAMPUS DRIVE, SUITE 1000
City-St-Zip: LOUISVILLE, KY 40223

Title: T
Name: LAU, DAVID
Address: 9920 CORPORATE CAMPUS DRIVE, SUITE 1000
City-St-Zip: LOUISVILLE, KY 40223

I hereby 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 all other like empowered.

SIGNATURE: CRAIG HAWLEY SEC 02/25/2011

Electronic Signature of Signing Officer or Director Date