

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004666

FILED
Apr 14, 2009
Secretary of State

Entity Name: INSURANCE PROFILLMENT SOLUTIONS LLC

Current Principal Place of Business:

400 BROADWAY
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPT.
POB 1075
CINCINNATI, OH 452011075

New Mailing Address:

FEI Number: 43-2081325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAL SANTO, ROBERT J
Address: 400 BROADWAY
City-St-Zip: CINCINNATI, OH 45202

Title: MGR () Delete
Name: LYNCH, JOSEPH H
Address: 400 BROADWAY
City-St-Zip: CINCINNATI, OH 45202

Title: MGR () Delete
Name: MCDERMOTT, WILLIAM J
Address: 400 BROADWAY
City-St-Zip: CINCINNATI, OH 45202

Title: MGR () Delete
Name: ALTENAU, MICHAEL J
Address: 400 BROADWAY
City-St-Zip: CINCINNATI, OH 45202

Title: MGR () Delete
Name: VANCE, JAMES J
Address: 400 BROADWAY
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM J. MCDERMOTT

V.P.

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date