

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004666

FILED  
Apr 15, 2010  
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  
Name: DAL SANTO, ROBERT J  
Address: 400 BROADWAY  
City-St-Zip: CINCINNATI, OH 45202

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

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

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

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

I hereby 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.

04/15/2010

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