


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000005555 1. Entity Name GLOBAL CLAIMS ADMINISTRATION, LLC	
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Principal Place of Business 3195 LINWOOD ROAD, #201 CINCINNATI, OH 45208	Mailing Address 3195 LINWOOD ROAD, #201 CINCINNATI, OH 45208
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01222007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-5014325	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 WESTON, FL 33331

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULTEIS, KENNETH J 3195 LINWOOD ROAD, #201 CINCINNATI, OH 45208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHULTEIS, PETER T 3195 LINWOOD ROAD, #201 CINCINNATI, OH 45208
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02/01/07-80004-024 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Kenneth J. Schutte* Date: 1/22/07 Daytime Phone #: 513-533-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE