

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000167

FILED
Mar 19, 2009
Secretary of State

Entity Name: AMERICAN FINANCIAL MARKETING, LLC

Current Principal Place of Business:

9220 BASS LAKE ROAD, STE 250
NEW HOPE, MN 55428 US

New Principal Place of Business:

400 HIGHWAY 169 SOUTH
ST LOUIS PARK, MN 55426

Current Mailing Address:

9220 BASS LAKE ROAD, STE 250
NEW HOPE, MN 55428 US

New Mailing Address:

400 HIGHWAY 169 SOUTH
ST LOUIS PARK, MN 55426

FEI Number: 20-4668049

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: PETERSON, BRIAN
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 55416 US

Title: MGR (X) Delete
Name: THOMAS, ANTHONY
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPOLIS, MN 55416 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLIANZ INDIVIDUAL I, NSURANCE GROUP , LLC
Address: 400 HIGHWAY 169 SOUTH
City-St-Zip: ST LOUIS PARK, MN 55426

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: LAURA LOUIS

POA

03/19/2009

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