2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

DOCUMENT# M08000003169

Entity Name: ONCOR INSURANCE SERVICES, LLC

Current Principal Place of Business:

4333 EDGEWOOD RD NE, MS 3110
CEDAR RAPIDS, IA 52499 US

New Principal Place of Business:

Current Mailing Address:

4333 EDGEWOOD RD NE, MS 3110
CEDAR RAPIDS, IA 52499 US

New Mailing Address:

FEI Number: 26-2311888 **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: FLEWELLEN, JAMES M
Address: 1150 SOUTH OLIVE STREET
City-St-Zip: LOS ANGELES, LA 90015 US

Title: MGR
Name: KNEELAND, TIMOTHY F
Address: 4333 EDGEWOOD RD NE
City-St-Zip: CEDAR RAPIDS, IA 52499 US

Title: MGR
Name: ORLANDI, JASON
Address: 1150 SOUTH OLIVE STREET
City-St-Zip: LOS ANGELES, CA 90015 US

Title: MGR
Name: CRIST, KEVIN M
Address: 4333 EDGEWOOD RD NE
City-St-Zip: CEDAR RAPIDS, IA 52499 US

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 Statues.

SIGNATURE: JASON ORLANDI MGR 03/22/2012

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