

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115177

**Entity Name:** LIGHTHOUSE INSURANCE GROUP, LLC

**Current Principal Place of Business:**

6150 OAK TREE BLVD  
210  
INDEPENDENCE, OH 44131

**Current Mailing Address:**

6150 OAK TREE BLVD  
210  
INDEPENDENCE, OH 44131 US

**FEI Number:** 27-1423115

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name FARRO, CHUCK  
Address 6150 OAK TREE BLVD  
210  
City-State-Zip: INDEPENDENCE OH 44131

Title CFO  
Name REES, JOHN  
Address 6150 OAK TREE BLVD  
210  
City-State-Zip: INDEPENDENCE OH 44131

Title ACCOUNTING MANAGER  
Name FINLAY, JAMES  
Address 6150 OAK TREE BLVD  
210  
City-State-Zip: INDEPENDENCE OH 44131

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN REES

CFO

02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date