

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000115177

Entity Name: LIGHTHOUSE INSURANCE GROUP, LLC

Current Principal Place of Business:

6480 ROCKSIDE WOODS BLVD. SOUTH
210
INDEPENDENCE, OH 44131

Current Mailing Address:

6480 ROCKSIDE WOODS BLVD. SOUTH
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 6480 ROCKSIDE WOODS BLVD.
SOUTH
210
City-State-Zip: INDEPENDENCE OH 44131

Title CFO
Name MCDARIES, LAUREL A
Address 6480 ROCKSIDE WOODS BLVD.
SOUTH
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: LAUREL MCDARIES

CFO

02/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date