

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004666

Entity Name: INSURANCE PROFILLMENT SOLUTIONS LLC

Current Principal Place of Business:

400 BROADWAY
CINCINNATI, OH 45202

Current Mailing Address:

C/O TAX DEPT.
POB 1075
CINCINNATI, OH 45201-1075

FEI Number: 43-2081325

Certificate of Status Desired: No

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 MGR
Name DAL SANTO, ROBERT J
Address 400 BROADWAY
City-State-Zip: CINCINNATI OH 45202

Title MGR
Name LYNCH, JOSEPH H
Address 400 BROADWAY
City-State-Zip: CINCINNATI OH 45202

Title MGR
Name ALTENAU, MICHAEL J
Address 400 BROADWAY
City-State-Zip: CINCINNATI OH 45202

Title MGR
Name VANCE, JAMES J
Address 400 BROADWAY
City-State-Zip: CINCINNATI OH 45202

Title ASST VICE PRESIDENT
Name CORNELIUS, KATHLEEN A
Address C/O TAX DEPT.
POB 1075
City-State-Zip: CINCINNATI OH 45201-1075

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: KATHLEEN A CORNELIUS

ASST VICE PRESIDENT

03/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date