

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004666

FILED
Mar 26, 2015
Secretary of State
CC7222216448

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 MANAGER
Name DALSANTO, ROBERT J
Address 400 BROADWAY
City-State-Zip: CINCINNATI OH 45202

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

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

Title ASST VICE PRESIDENT
Name CORNELIUS, KATHLEEN A
Address 400 BROADWAY
City-State-Zip: CINCINNATI OH 45202

Title MANAGER
Name MCGRUDER, JILL T
Address 303 BROADWAY
City-State-Zip: CINCINNATI OH 45202

Title MANAGER
Name NELSON, OSCAR O
Address 400 BROADWAY
City-State-Zip: CINCINNATI OH 45202

Title MANAGER
Name WIEDENHEFT, TERRIE A
Address 303 BROADWAY
City-State-Zip: CINCINNATI OH 45202

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

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

MANAGER

03/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date