2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0500004666

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US FILED Apr 05, 2018 Secretary of State CC6839174719

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Authorized Person(s) Detail.			
Title	MANAGER	Title	MANAGER
Name	DALSANTO, ROBERT J	Name	LYNCH, JOSEPH H
Address	400 BROADWAY	Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202	City-State-Zip:	CINCINNATI OH 45202
Title	MANAGER	Title	MANAGER
Name	VANCE, JAMES J	Name	CORNELIUS, KATHLEEN A
Address	400 BROADWAY	Address	400 BROADWAY
City-State-Zip:	CINCINNATI OH 45202	City-State-Zip:	CINCINNATI OH 45202
Title	MANAGER	Title	MANAGER
Title Name	MANAGER MCGRUDER, JILL T	Title Name	MANAGER WIEDENHEFT, TERRIE A
			-
Name	MCGRUDER, JILL T	Name	WIEDENHEFT, TERRIE A 303 BROADWAY
Name Address	MCGRUDER, JILL T 303 BROADWAY	Name Address	WIEDENHEFT, TERRIE A 303 BROADWAY
Name Address City-State-Zip:	MCGRUDER, JILL T 303 BROADWAY CINCINNATI OH 45202	Name Address City-State-Zip:	WIEDENHEFT, TERRIE A 303 BROADWAY CINCINNATI OH 45202
Name Address City-State-Zip: Title	MCGRUDER, JILL T 303 BROADWAY CINCINNATI OH 45202 MANAGER	Name Address City-State-Zip: Title	WIEDENHEFT, TERRIE A 303 BROADWAY CINCINNATI OH 45202 MANAGER
Name Address City-State-Zip: Title Name	MCGRUDER, JILL T 303 BROADWAY CINCINNATI OH 45202 MANAGER ALTENAU, MICHAEL J 400 BROADWAY	Name Address City-State-Zip: Title Name	WIEDENHEFT, TERRIE A 303 BROADWAY CINCINNATI OH 45202 MANAGER SPEED, TIMOTHY D 400 BROADWAY

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: TIMOTHY D. SPEED

ASSISTANT TREASURER 04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date