

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003169

Entity Name: ONCOR INSURANCE SERVICES, LLC

Current Principal Place of Business:

4333 EDGEWOOD RD NE, MS 3110
CEDAR RAPIDS, IA 52499

Current Mailing Address:

4333 EDGEWOOD RD NE, MS 3110
CEDAR RAPIDS, IA 52499 US

FEI Number: 26-2311888

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 FLEWELLEN, JAMES M
Address 1150 SOUTH OLIVE STREET
City-State-Zip: LOS ANGELES LA 90015

Title MANAGER
Name GOLDSTEIN, DAVID
Address 1150 SOUTH OLIVE STREET
City-State-Zip: LOS ANGELES CA 90015

Title MANAGER
Name CRIST, KEVIN M
Address 6400 C ST. SW
City-State-Zip: CEDAR RAPIDS IA 52499

Title MANAGER
Name REBOIN, JAMES
Address 870 GLENN DRIVE
City-State-Zip: FOLSOM CA 95630

Title SECRETARY
Name WEINBERG, STEVEN D
Address 100 LIGHT STREET, FLOOR B-1
City-State-Zip: BALTIMORE MD 21202

Title TREASURER
Name HEDGEPEETH, SCOTT
Address 300 EAGLEVIEW BLVD.
City-State-Zip: EXTON PA 19341

Title PRESIDENT
Name REBOIN, JAMES
Address 870 GLENN DRIVE
City-State-Zip: FOLSOM CA 95630

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: JAMES REBOIN

MANAGER

01/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date