

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003256

**Entity Name:** GENY INSURANCE GROUP, LLC

**Current Principal Place of Business:**

992 DAVIDSON DRIVE  
SUITE 108  
NASHVILLE, TN 37205

**Current Mailing Address:**

992 DAVIDSON DRIVE  
SUITE 108  
NASHVILLE, TN 37205

**FEI Number:** 80-0876321

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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 LOMAX, TRACY H  
Address 992 DAVIDSON DRIVE, SUITE 108  
City-State-Zip: NASHVILLE TN 37205

Title MGRM  
Name MCCracken, DEBRA W  
Address 992 DAVIDSON DRIVE, SUITE 108  
City-State-Zip: NASHVILLE TN 37205

Title MGRM  
Name LOWTHER, JOHN R  
Address 580 N FOURTH STREET, SUITE 450  
City-State-Zip: COLUMBUS OH 43215

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:** DEBRA W. MCCracken

**VICE PRESIDENT**

**01/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date