

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000003729

**Entity Name:** DF INSURANCE AGENCY LLC

**Current Principal Place of Business:**

345 ST PETER STREET  
SAINT PAUL, MN 55102

**Current Mailing Address:**

345 ST PETER STREET, SUITE 500  
SAINT PAUL, MN 55102 US

**FEI Number:** 30-0936918

**Certificate of Status Desired:** No

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

CT 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 MBR  
Name GREEN TREE CREDIT SOLUTIONS  
LLC  
Address 1100 VIRGINIA DRIVE  
SUITE 100A  
City-State-Zip: FORT WASHINGTON PA 19034

*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:** WANDA J. LAMB-LINDOW

**SECRETARY**

**04/05/2019**

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

\_\_\_\_\_ Date