

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000002315

Entity Name: TRUCHOICE FINANCIAL GROUP, LLC

Current Principal Place of Business:

400 HIGHWAY 169 SOUTH
SUITE 200
ST. LOUIS PARK, MN 55426

Current Mailing Address:

400 HIGHWAY 169 SOUTH
SUITE 200
ST. LOUIS PARK, MN 55426 US

FEI Number: 82-4131109

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 ASSISTANT SECRETARY
Name HADDY, TRACY M.
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title CHIEF INFORMATION OFFICER
Name SULLIVAN, JEFF
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title CHIEF FINANCIAL OFFICER AND
TREASURER
Name ZWART, JOSH
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title VP
Name MAIETTA, JAMES
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title CHIEF MANAGER, CHIEF EXECUTIVE
OFFICER AND PRESIDENT
Name PETERSON, BRIAN B.
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title GOVERNOR
Name PETERSON, BRIAN B.
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title GOVERNOR
Name GAUMOND, WILLIAM E.
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title GOVERNOR
Name WHITE, WALTER R
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

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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: TRACY M. HADDY

ASSISTANT SECRETARY 04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name VAN WALBEEK, NICOLE D
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title CHIEF OPERATIONS OFFICER
Name BUKER, TERRI A.
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title CHIEF COMPLIANCE OFFICER
Name GOTLIEB, GISSOU
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title SECRETARY
Name MICHEL, GEOFFREY S
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title CHIEF MARKETING OFFICER
Name WHEELER, SCOTT A
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title GOVERNOR
Name THOMES, ERIC J.
Address 400 HIGHWAY 169 SOUTH
SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426