

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004065

FILED
Mar 23, 2011
Secretary of State

Entity Name: INSURANCENOODLE, INC.

Current Principal Place of Business:

222 S RIVERSIDE PLAZA
17TH FLOOR
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

26 CENTURY BOULEVARD
C/O HOLLY G MURPHY
NASHVILLE, TN 37214 US

New Mailing Address:

FEI Number: 36-4364587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: ROSMAN, ADAM
Address: ONE WORLD FINANCIAL CENTER, 200 LIBERTY ST
City-St-Zip: NEW YORK, NY 10281 US

Title: VP
Name: HU, SUSAN
Address: ONE WORLD FINANCIAL CENTER, 200 LIBERTY ST
City-St-Zip: NEW YORK, NY 10281 US

Title: T
Name: MOONEY, C. WILLIAM
Address: 26 CENTURY BLVD.
City-St-Zip: NASHVILLE, TN 37214 US

Title: D
Name: KRAUZE, VICTOR P
Address: ONE WORLD FINANCIAL CENTER, 200 LIBERTY ST
City-St-Zip: NEW YORK, NY 10281 US

Title: S
Name: MURPHY, HOLLY G
Address: 26 CENTURY BLVD.
City-St-Zip: NASHVILLE, TN 37214 US

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOLLY G MURPHY

S

03/23/2011

Electronic Signature of Signing Officer or Director

Date