

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003241

FILED
Apr 22, 2009
Secretary of State

Entity Name: NMHC GROUP SOLUTIONS INSURANCE, INC.

Current Principal Place of Business:

103 FOULK RD SUITE 202
WILMINGTON, DE 19803

New Principal Place of Business:

2441 WARRENVILLE ROAD, SUITE 610
LISLE, IL 60532

Current Mailing Address:

103 FOULK RD SUITE 202
WILMINGTON, DE 19803

New Mailing Address:

2441 WARRENVILLE ROAD, SUITE 610
LISLE, IL 60532

FEI Number: 74-3166208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: ERICKSON, THOMAS W
Address: 26 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

Title: T/D () Delete
Name: DIAMOND, STUART
Address: 26 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 10050

Title: SEC (X) Delete
Name: MCGINN, GEORGE
Address: 26 HARBOR PARK DR
City-St-Zip: PORT WASHINGTON, NY 11050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THIERER, MARK
Address: 2441 WARRENVILLE ROAD, SUITE 610
City-St-Zip: LISLE, IL 60532

Title: CFOD (X) Change () Addition
Name: PARK, JEFFREY
Address: 2441 WARRENVILLE ROAD, SUITE 610
City-St-Zip: LISLE, IL 60532

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY PARK

CFOD

04/22/2009

Electronic Signature of Signing Officer or Director

Date