2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# F06000003241

Entity Name: NMHC GROUP SOLUTIONS INSURANCE, INC.

Current Principal Place of Business:

2441 WARRENVILLE ROAD, SUITE 610
LISLE, IL 60532

New Principal Place of Business:

2441 WARRENVILLE ROAD
SUITE 610
LISLE, IL 60532

Current Mailing Address:

2441 WARRENVILLE ROAD, SUITE 610
LISLE, IL 60532

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

OFFICERS AND DIRECTORS:

Title: PD
Name: THIERER, MARK CEO
Address: 2441 WARRENVILLE ROAD, SUITE 610
City-St-Zip: LISLE, IL 60532

Title: CFOD
Name: PARK, JEFFREY EVPST
Address: 2441 WARRENVILLE ROAD, SUITE 610
City-St-Zip: LISLE, IL 60532

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: JEFFREY PARK CFO 04/04/2011

Electronic Signature of Signing Officer or Director Date