

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003241

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**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:**

**Current Mailing Address:**

2441 WARRENVILLE ROAD  
SUITE 610  
LISLE, IL 60532

**New Mailing Address:**

**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:**

C T CORPORATION SYSTEM  
1209 ORANGE STREET  
WILMINGTON, FL 19801 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

01/03/2012

\_\_\_\_\_  
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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CFO

01/03/2012

\_\_\_\_\_  
Date