

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000145

FILED
Mar 13, 2012
Secretary of State

Entity Name: LOYALTY GROUP INSURANCE SERVICES, INC.

Current Principal Place of Business:

3940 OLYMPIC BLVD.
SUITE 250
ERLANGER, KY 41018

New Principal Place of Business:

Current Mailing Address:

3940 OLYMPIC BLVD.
SUITE 250
ERLANGER, KY 41018

New Mailing Address:

FEI Number: 27-0913951

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: D
Name: MINOWA, NOBUYUKI
Address: 3940 OLYMPIC BLVD. #250
City-St-Zip: ERLANGER, KY 41018

Title: P
Name: OKUNUKI, SHOICHI
Address: 3940 OLYMPIC BLVD. #250
City-St-Zip: ERLANGER, KY 41018

Title: V
Name: HAYASHI, TOSHINORI
Address: 3940 OLYMPIC BLVD. #250
City-St-Zip: ERLANGER, KY 41018

Title: V
Name: ELKINS, MICHAEL W
Address: 3940 OLYMPIC BLVD. #250
City-St-Zip: ERLANGER, KY 41018

Title: S
Name: MARAIA, JOHN A
Address: 3940 OLYMPIC BLVD. #250
City-St-Zip: ERLANGER, KY 41018

Title: T
Name: TSUDA, TAKUMI
Address: 3940 OLYMPIC BLVD. #250
City-St-Zip: ERLANGER, KY 41018

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: SHOICHI OKUNUKI

PRES

03/13/2012

Electronic Signature of Signing Officer or Director

Date