

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001546

FILED  
Mar 21, 2011  
Secretary of State

Entity Name: LEMME INSURANCE GROUP, INC.

**Current Principal Place of Business:**

111 W CAMPBELL ST 4TH FLOOR  
ARLINGTON HEIGHTS, IL 60005

**New Principal Place of Business:**

111 WEST CAMPBELL STREET 4TH FLOOR  
ARLINGTON HEIGHTS, IL 60005

**Current Mailing Address:**

111 W CAMPBELL ST 4TH FLOOR  
ARLINGTON HEIGHTS, IL 60005

**New Mailing Address:**

111 WEST CAMPBELL STREET 4TH FLOOR  
ARLINGTON HEIGHTS, IL 60005

FEI Number: 36-4223218

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: PDIR  
Name: MORONEY, JOHN J  
Address: 111 WEST CAMPBELL STREET 4TH FLOOR  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: TDIR  
Name: LEMME, MARIO  
Address: 111 WEST CAMPBELL STREET 4TH FLOOR  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: SEC  
Name: WOOD, GEORGE M  
Address: 111 WEST CAMPBELL STREET 4TH FLOOR  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: DIR  
Name: RUDMAN, SAM S  
Address: 111 WEST CAMPBELL STREET 4TH FLOOR  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: DIR  
Name: HECHT, JOHN T  
Address: 111 WEST CAMPBELL STREET 4TH FLOOR  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

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: DARETH JEFFERS

POA

03/21/2011

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

\_\_\_\_\_ Date