

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001546

FILED
Apr 19, 2012
Secretary of State

Entity Name: LEMME INSURANCE GROUP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

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

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

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

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

04/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date