2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# M02000001975

Entity Name: MERCURY CLAIMS & ASSISTANCE OF WISCONSIN, LLC

Current Principal Place of Business:

1039 ELLIS STREET
STEVENS POINT, WI 54481

New Principal Place of Business:

Current Mailing Address:

1039 ELLIS STREET
STEVENS POINT, WI 54481

New Mailing Address:

FEI Number: 61-1419552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NOEL, JOHN MICHAEL
Address: 1039 ELLIS STREET
City-St-Zip: STEVENS POINT, WI 54481

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: NOEL, JOHN M
Address: 1039 ELLIS STREET
City-St-Zip: STEVENS POINT, WI 54481

Title: SEC ( ) Change (X) Addition
Name: TUCK, ELIZABETH M
Address: 1039 ELLIS STREET
City-St-Zip: STEVENS POINT, WI 54481

Title: SEC ( ) Change (X) Addition
Name: CINQUEGRANA, AMY M
Address: 1039 ELLIS STREET
City-St-Zip: STEVENS POINT, WI 54481

Title: TRES ( ) Change (X) Addition
Name: KOZIOL, JAMES L
Address: 1039 ELLIS STREET
City-St-Zip: STEVENS POINT, WI 54481

Title: VP ( ) Change (X) Addition
Name: WORDEN, ROBERT W
Address: 1039 ELLIS STREET
City-St-Zip: STEVENS POINT, WI 54481

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN M NOEL CEO 01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date