2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
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:

1145 CLARK STREET
STEVENS POINT, WI 54481

Current Mailing Address:

1039 ELLIS STREET
STEVENS POINT, WI 54481

New Mailing Address:

1145 CLARK STREET
STEVENS POINT, WI 54481

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:	CEO	( ) Delete
Name:	NOEL, JOHN M	
Address:	1039 ELLIS STREET	
City-St-Zip:	STEVENS POINT, WI 54481	
Title:	SEC	( ) Delete
Name:	TUCK, ELIZABETH M	
Address:	1039 ELLIS STREET	
City-St-Zip:	STEVENS POINT, WI 54481	
Title:	SEC	( ) Delete
Name:	CINQUEGRANA, AMY M	
Address:	1039 ELLIS STREET	
City-St-Zip:	STEVENS POINT, WI 54481	
Title:	TRES	( ) Delete
Name:	KOZIOL, JAMES L	
Address:	1039 ELLIS STREET	
City-St-Zip:	STEVENS POINT, WI 54481	
Title:	VP	( ) Delete
Name:	WORDEN, ROBERT W	
Address:	1039 ELLIS STREET	
City-St-Zip:	STEVENS POINT, WI 54481	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ELIZABETH TUCK SEC 04/29/2009

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