

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001975

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** MERCURY CLAIMS & ASSISTANCE OF WISCONSIN, LLC

**Current Principal Place of Business:**

3300 BUSINESS PARK DR.  
STEVENS POINT, WI 54481

**New Principal Place of Business:**

**Current Mailing Address:**

175 WATER STREET  
18TH FLOOR  
NEW YORK, NY 54482

**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: CEO  
Name: SIVLEY, DEAN S  
Address: 3300 BUSINESS PARK DRIVE  
City-St-Zip: STEVENS POINT, WI 54482

Title: SEC  
Name: GEORGE, TANYA M  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038

Title: TRE  
Name: KOZIOL, JAMES M  
Address: 3300 BUSINESS PARK DRIVE  
City-St-Zip: STEVENS POINT, WI 54482

Title: VP  
Name: WORDEN, ROBERT L  
Address: 3300 BUSINESS PARK DRIVE  
City-St-Zip: STEVENS POINT, WI 54482

Title: D  
Name: PAGE, JAMES D  
Address: 101 HUDSON STREET  
City-St-Zip: JERSEY CITY, NJ 07302

Title: D  
Name: RUTLEGE, JEFFREY  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038

I hereby 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: JEFFREY C. RUTLEDGE

D

04/29/2011

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