

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005124

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: LENDERS PROTECTION, LLC

**Current Principal Place of Business:**

CAROL LASHUA, 5910 4 C4  
5910 MINERAL POINT ROAD  
MADISON, WI 53705

**New Principal Place of Business:**

5910 MINERAL POINT ROAD  
MADISON, WI 53705

**Current Mailing Address:**

CAROL LASHUA, 5910 4 C4  
5910 MINERAL POINT ROAD  
MADISON, WI 53705

**New Mailing Address:**

5910 MINERAL POINT ROAD  
MADISON, WI 53705

FEI Number: 45-0530552

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FLYNN, JOHN J MGR  
Address: 5910 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI 53705

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

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MARTIN, STEVEN M MGR  
Address: 5910 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI 53705

Title: MGRM ( ) Change (X) Addition  
Name: CUNA MUTUAL INSIRANC, E SOCIETY  
Address: 5910 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI 53705

Title: MGRM ( ) Change (X) Addition  
Name: OPEN LENDING, INC.,  
Address: 5910 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI 53705

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: TRACY K. LIEN

AS

04/12/2008

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