

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000358

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: PNC INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

249 FIFTH AVE.  
PITTSBURGH, PA 15222707 US

**New Principal Place of Business:**

**Current Mailing Address:**

249 FIFTH AVE.  
PITTSBURGH, PA 15222707 US

**New Mailing Address:**

FEI Number: 51-0257797

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: HAJDUK, NORMA J  
Address: 620 LIBERTY AVE.  
City-St-Zip: PITTSBURGH, PA 15222719 US

Title: MGR ( ) Delete  
Name: MORTENSEN, MICHAEL S  
Address: 620 LIBERTY AVE.  
City-St-Zip: PITTSBURGH, PA 15222719 US

Title: MGR ( ) Delete  
Name: HALL, NEIL  
Address: 249 FIFTH AVE.  
City-St-Zip: PITTSBURGH, PA 15222707 US

Title: MGR ( ) Delete  
Name: SPICKARD, RICHARD  
Address: 249 FIFTH AVE.  
City-St-Zip: PITTSBURGH, PA 15222707 US

Title: MGR (X) Delete  
Name: ROGERS, JOHN  
Address: 620 LIBERTY AVENUE  
City-St-Zip: PITTSBURGH, PA 15222719 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HAJDUK, NORMA J  
Address: 620 LIBERTY AVENUE  
City-St-Zip: PITTSBURGH, PA 15222719 US

Title: MGR (X) Change ( ) Addition  
Name: MORTENSEN, MICHAEL S  
Address: 620 LIBERTY AVENUE  
City-St-Zip: PITTSBURGH, PA 15222719 US

Title: MGR (X) Change ( ) Addition  
Name: HALL, NEIL F  
Address: 249 FIFTH AVENUE  
City-St-Zip: PITTSBURGH, PA 15222707 US

Title: MGR (X) Change ( ) Addition  
Name: SPICKARD, RICHARD L  
Address: 249 FIFTH AVENUE  
City-St-Zip: PITTSBURGH, PA 15222707 US

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: RICHARD L. SPICKARD

MGR

04/20/2009

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