

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003612

FILED
Apr 13, 2009
Secretary of State

Entity Name: PEARL INSURANCE GROUP, LLC

Current Principal Place of Business:

1200 E GLEN AVE
PEORIA HEIGHTS, IL 616165348

New Principal Place of Business:

1200 E GLEN AVE
PEORIA HEIGHTS, IL 616165348 US

Current Mailing Address:

1200 E GLEN AVE
PEORIA HEIGHTS, IL 616165348

New Mailing Address:

1200 E GLEN AVE
PEORIA HEIGHTS, IL 616165348 US

FEI Number: 37-0817309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHSSEE, FL 32301 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: PEARL, JOHN P
Address: 1220 E GLEN AVE.
City-St-Zip: PEORIA HEIGHTS, IL 61616

Title: MGR () Delete
Name: PEARL, GARY P
Address: 1220 E GLEN AVE.
City-St-Zip: PEORIA HEIGHTS, IL 61616

Title: MGR () Delete
Name: RETZER, EUGENE
Address: 2528 HIDDEN LAKE CT
City-St-Zip: PEORIA, IL 61614

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:

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: GARY P. PEARL

CEO

04/13/2009

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