

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003169

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: ONCOR INSURANCE SERVICES, LLC

## Current Principal Place of Business:

4333 EDGEWOOD RD NE, MS 3110  
CEDAR RAPIDS, IA 52499

## New Principal Place of Business:

4333 EDGEWOOD RD NE, MS 3110  
CEDAR RAPIDS, IA 52499 US

## Current Mailing Address:

4333 EDGEWOOD RD NE, MS 3110  
CEDAR RAPIDS, IA 52499

## New Mailing Address:

4333 EDGEWOOD RD NE, MS 3110  
CEDAR RAPIDS, IA 52499 US

FEI Number: 26-2311888

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: FLEWELLEN, MARTY  
Address: 4333 EDGEWOOD RD NE, MS 3110  
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: MGR ( ) Delete  
Name: KNEELAND, TIM  
Address: 4333 EDGEWOOD RD NE, MS 3110  
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: MGR ( ) Delete  
Name: FINLEY, GEORGE  
Address: 4333 EDGEWOOD RD NE, MS 3110  
City-St-Zip: CEDAR RAPIDS, IA 52499

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FLEWELLEN, JAMES M  
Address: 1150 SOUTH OLIVE STREET  
City-St-Zip: LOS ANGELES, LA 90015 US

Title: MGR (X) Change ( ) Addition  
Name: KNEELAND, TIM F  
Address: 4333 EDGEWOOD RD NE, MS 3110  
City-St-Zip: CEDAR RAPIDS, IA 52499 US

Title: MGR (X) Change ( ) Addition  
Name: FINLEY, GEORGE W  
Address: 1150 SOUTH OLIVE STREET  
City-St-Zip: LOS ANGELES, LA 90015 US

Title: MGR ( ) Change (X) Addition  
Name: CRIST, KEVIN  
Address: 4333 EDGEWOOD RD NE  
City-St-Zip: CEDAR RAPIDS, IA 52499 US

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: GEORGE W. FINLEY

MGR

06/25/2009

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