## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M10000003508

Entity Name: INCAPITAL INSURANCE SERVICES, LLC

FILED Feb 18, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

200 SOUTH WACKER DRIVE-SUITE 3700 200 SOUTH WACKER DRIVE CHICAGO, IL 60606

**SUITE 3700** 

CHICAGO, IL 60606

**Current Mailing Address: New Mailing Address:** 

200 SOUTH WACKER DRIVE 200 SOUTH WACKER DRIVE-SUITE 3700 CHICAGO, IL 60606

SUITE 3700 CHICAGO, IL 60606

FEI Number: 27-3174788 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:**

NOVAK, JOSEPH Name:

Address: 200 SOUTH WACKER DRIVE-SUITE 3700

City-St-Zip: CHICAGO, IL 60606 US

Title: CEO

Name: RADTKE, JOHN

Address: 1800 N. MILITARY TRAIL-SUITE 400 City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM

JOHNSON, PHILLIP Name:

200 SOUTH WACKER DRIVE-SUITE 3700 Address:

City-St-Zip: CHICAGO, IL 60606 US

Title: MGR

Name: WILSON, JASON

1800 N. MILITARY TRAIL-SUITE 400 Address: City-St-Zip: BOCA RATON, FL 33431 US

Title: GC

BUSSCHER, ARNOLD B Name:

200 SOUTH WACKER DRIVE-SUITE 3700 Address:

City-St-Zip: CHICAGO, IL 60606 US

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 Statues.

SIGNATURE: PHILLIP E. JOHNSON **MGRM** 02/18/2011