

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002015

FILED
Jan 05, 2012
Secretary of State

Entity Name: LEXISNEXIS INSURANCE EXCHANGE LLC

Current Principal Place of Business:

1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

New Mailing Address:

255 WASHINGTON STREET
SUITE 350
NEWTON, MA 02458

FEI Number: 27-1954200

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
Name: PECK, JAMES M
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR
Name: SIDEWATER, MEREDITH
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR
Name: HORBACZEWSKI, HENRY Z
Address: 125 PARK AVENUE, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: MGR
Name: FOGARTY, KENNETH
Address: 255 WASHINGTON STREET, SUITE 350
City-St-Zip: NEWTON, MA 02458

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 Statutes.

SIGNATURE: HENRY HORBACZEWSKI

MGR

01/05/2012

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