

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003612

Entity Name: PEARL INSURANCE GROUP, LLC

Current Principal Place of Business:

1200 E GLEN AVE
PEORIA HEIGHTS, IL 61616-5348

Current Mailing Address:

1200 E GLEN AVE
PEORIA HEIGHTS, IL 61616-5348 US

FEI Number: 37-0817309

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

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

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY P. PEARL

CEO

03/20/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date