

**2016 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 PEARL**

**CEO**

**03/28/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date