

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005589

Entity Name: BLOOM INSURANCE AGENCY LLC

Current Principal Place of Business:

1801 S LIBERTY DR STE 200
BLOOMINGTON, IN 47403

Current Mailing Address:

1801 S LIBERTY DR STE 200
BLOOMINGTON, IN 47403

FEI Number: 26-0640936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
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 ROGERS, SHERMAN
Address 1801 S. LIBERTY DRIVE
City-State-Zip: BLOOMINGTON IN 47403

Title MGR
Name PEARCE, CATHERINE L
Address 1801 S LIBERTY DR STE 200
City-State-Zip: BLOOMINGTON IN 47403

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: CATHERINE L PEARCE

MANAGER

03/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date