

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000017213

Entity Name: NEW HORIZONS INSURANCE MARKETING, LLC

Current Principal Place of Business:

122 W PRAIRIE AVE STE 200
DECATUR, IL 62523

FILED
Apr 21, 2023
Secretary of State
3172234834CC

Current Mailing Address:

C/O LEGAL DEPT, INTEGRITY MARKETING GROUP, LLC
1445 ROSS AVENUE, FLOOR 40
DALLAS, TX 75202-2711 US

FEI Number: 20-3950016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, CEO
Name ADAMS, BRYAN W.
Address C/O LEGAL DEPT, INTEGRITY
MARKETING GROUP, LLC
1445 ROSS AVENUE, FLOOR 40
City-State-Zip: DALLAS TX 75202-2711

Title MGR, CFO
Name SIGRIST, STEVEN
Address C/O LEGAL DEPT, INTEGRITY
MARKETING GROUP, LLC
1445 ROSS AVENUE, FLOOR 40
City-State-Zip: DALLAS TX 75202-2711

Title MEMBER
Name INTEGRITY MARKETING PARTNERS,
LLC
Address 122 W PRAIRIE AVE STE 200
City-State-Zip: DECATUR IL 62523

Title CO-PRESIDENT
Name SAMS, JEFFREY D.
Address 122 W PRAIRIE AVE STE 200
City-State-Zip: DECATUR IL 62523

Title CO-PRESIDENT
Name HOCKADAY, JOHN
Address 122 W PRAIRIE AVE STE 200
City-State-Zip: DECATUR IL 62523

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: DUNCAN MCQUEEN

ASSISTANT SECRETARY 04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date