

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006228

Entity Name: DIVERSIFIED INSURANCE SOLUTIONS OF WISCONSIN, INC.

Current Principal Place of Business:

100 N. CORPORATE DRIVE
SUITE 100
BROOKFIELD, WI 53045

Current Mailing Address:

100 N. CORPORATE DRIVE
SUITE 100
BROOKFIELD, WI 53045

FEI Number: 39-1403176

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title DIRECTOR
Name MCCORMACK, JAMES E
Address 100 N. CORPORATE DRIVE
City-State-Zip: BROOKFIELD WI 53045

Title DIRECTOR
Name SOWINSKI, ROBERT
Address 100 N. CORPORATE DRIVE
City-State-Zip: BROOKFIELD WI 53045

Title CEO
Name LIE, CHRISTIAN
Address 100 N. CORPORATE DRIVE
City-State-Zip: BROOKFIELD WI 53045

Title COO
Name CUMBLAD, KARL
Address 100 N. CORPORATE DRIVE
SUITE 100
City-State-Zip: BROOKFIELD WI 53045

Title SECRETARY
Name STARK, DAVID
Address 100 N. CORPORATE DRIVE
SUITE 100
City-State-Zip: BROOKFIELD WI 53045

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARL CUMBLAD

COO

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date