

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001546

**Entity Name:** LEMME INSURANCE GROUP, INC.

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC1275133390**

**Current Principal Place of Business:**

111 WEST CAMPBELL STREET  
4TH FLOOR  
ARLINGTON HEIGHTS, IL 60005

**Current Mailing Address:**

111 WEST CAMPBELL STREET  
4TH FLOOR  
ARLINGTON HEIGHTS, IL 60005 US

**FEI Number: 36-4223218**

**Certificate of Status Desired: No**

**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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MORONEY, JOHN J.  
Address        111 WEST CAMPBELL STREET  
                  4TH FLOOR  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title            TREASURER, DIRECTOR  
Name            LEMME, MARIO  
Address        111 WEST CAMPBELL STREET  
                  4TH FLOOR  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title            SECRETARY  
Name            WOOD, GEORGE M.  
Address        111 WEST CAMPBELL STREET  
                  4TH FLOOR  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title            DIRECTOR  
Name            HECHT, JOHN T.  
Address        111 WEST CAMPBELL STREET  
                  4TH FLOOR  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title            DIRECTOR  
Name            RUDMAN, SAM S.  
Address        111 WEST CAMPBELL STREET  
                  4TH FLOOR  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

*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: GEORGE M. WOOD**

**SECRETARY**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date