

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006671

Entity Name: ROANOKE INSURANCE GROUP INC.

Current Principal Place of Business:

1475 WOODFIELD ROAD
500
SCHAUMBURG, IL 60173

Current Mailing Address:

1475 WOODFIELD ROAD
500
SCHAUMBURG, IL 60173 US

FEI Number: 36-2756330

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 PCOB
Name STERRETT, WILLIAM D
Address 1475 E. WOODFIELD RE., SUITE 500
City-State-Zip: SCHAUMBURG IL 60173

Title SENIOR VICE PRESIDENT AND
DIRECTOR
Name VALATKAS, JAMES
Address 1475 E. WOODFIELD RD., SUITE 500
City-State-Zip: SCHAUMBURG IL 60173

Title EVS
Name CAHALAN, JAMES L
Address 1475 E. WOODFIELD RD., SUITE 500
City-State-Zip: SCHAUMBURG IL 60173

Title EVD
Name WALSH, JOHN F
Address 1475 E. WOODFIELD RD., SUITE 500
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR AND EXECUTIVE VICE
PRESIDENT
Name GROFF, KAREN
Address 1475 E. WOODFIELD RD., SUITE 500
City-State-Zip: SCHAUMBURG IL 60173

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: JAMES CAHALAN

SECRETARY

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date