2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002444

FILED Jul 18, 2007 Secretary of State

Entity Name: NATIONAL BENEFITS PARTNER INSURANCE AGENCY, LLC

Current Principal Place of Business: New Principal Place of Business:

303 E. SOUTH TEMPLE 181 EAST 5600 SOUTH

SALT LAKE CITY, UT 84111 SUITE 240

SALT LAKE CITY, UT 84107

Current Mailing Address: New Mailing Address:

303 E. SOUTH TEMPLE 181 EAST 5600 SOUTH

SALT LAKE CITY, UT 84111 SUITE 240

SALT LAKE CITY, UT 84107

FEI Number: 13-4208222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

MANAGING MEMBERS/MANAGERS:

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

Electronic Signature of Registered Age

ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: HALL, JAMES L II Name: HALL, JAMES L II

Address: 303 E. SOUTH TEMPLE Address: 7240 PURPLE SAGE DRIVE City-St-Zip: SALT LAKE CITY, UT 84111 City-St-Zip: PARK CITY, UT 84098

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES L. HALL II MGR 07/18/2007