

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000555

**Entity Name:** GLOBAL INSURANCE MANAGEMENT COMPANY, L.L.C.

**Current Principal Place of Business:**

1250 SOUTH PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324

**Current Mailing Address:**

1250 SOUTH PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324

**FEI Number:** 16-1647591

**Certificate of Status Desired:** No

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

LESTER, DAVID W SR.  
1250 PINE ISLAND ROAD, SUITE 300  
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:** DAVID W LESTER, SR

01/08/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO  
Name LESTER, DAVID W SR.  
Address 1250 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

Title CEO  
Name SALMAN, JOSHUA M  
Address 1250 SOUTH PINE ISLAND ROAD  
SUITE 300  
City-State-Zip: PLANTATION FL 33324

*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:** DAVID W. LESTER

EVP, CFO

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date