

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004399

Entity Name: SELECT PROFESSIONAL UNDERWRITERS, LLC**Current Principal Place of Business:**3525 PIEDMONT ROAD, NE
BLDG 8-600
ATLANTA, GA 30305**Current Mailing Address:**3525 PIEDMONT ROAD, NE
BLDG 8-600
ATLANTA, GA 30305**FEI Number:** 58-2476921**Certificate of Status Desired:** Yes**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**Authorized Person(s) Detail :**

Title MGR
Name WILSON, JOSEPH SJR, MD
Address 3525 PIEDMONT ROAD; BLDG 8-600
City-State-Zip: ATLANTA GA 30305

Title MGR
Name ANDREWS, CATHERINE SM.D.
Address 3525 PIEDMONT ROAD; BLDG 8-600
City-State-Zip: ATLANTA GA 30305

Title MGR
Name CHEEK, BENJAMIN HM.D.
Address 3525 PIEDMONT ROAD; BLDG 8-600
City-State-Zip: ATLANTA GA 30305

Title MGR
Name STEWART, DAVID TJR, MD
Address 3525 PIEDMONT ROAD; BLDG 8-600
City-State-Zip: ATLANTA GA 30305

Title MGR
Name DELOACH, E. DANIEL M.D.
Address 3525 PIEDMONT ROAD; BLDG 8-600
City-State-Zip: ATLANTA GA 30305

Title MGR
Name EASLEY, H. ALEXANDER III MD
Address 3525 PIEDMONT ROAD; BLDG 8-600
City-State-Zip: ATLANTA GA 30305

Title PRESIDENT
Name LYONS, JESSE
Address 3525 PIEDMONT ROAD, NE
BLDG 8-600
City-State-Zip: ATLANTA GA 30305

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESSE LYONS

PRESIDENT

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date