2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000019455

Entity Name: OMS INSURANCE GROUP, L.L.C.

Apr 30, 2002 8:00 AM Secretary of State

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

231 S. FLORIDA AVE. 202 N. MASSACHUSETTS AVE. LAKELAND, FL 33801

LAKELAND, FL 33801

Current Mailing Address: New Mailing Address:

231 S. FLORIDA AVE PO BOX 2

LAKELAND, FL 33801 LAKELAND, FL 338020002

FEI Number: 59-3757026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SALE, GREGORY G 231 S. FLORIDA AVE SALE, GREGORY G PO BÓX 2

LAKELAND, FL 33801 LAKELAND, FL 338020002

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: GREGORY SALE 04/30/2002

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete () Change (X) Addition

SALE, GREGORY G Name: Name: Address: Address: PO POX 2

City-St-Zip: City-St-Zip: LAKELAND, FL 338020002

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREGORY SALE 04/30/2002