

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020032

FILED
Apr 13, 2009
Secretary of State

Entity Name: NATIONAL INSURANCE BROKERAGE, LLC

Current Principal Place of Business:

2101 PARK CENTER DRIVE
SUITE 220
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

C/O NFP, 500 W MADISON ST
SUITE 2400
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 57-1170114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRS () Delete
Name: KIRBY, SCOTT
Address: 2101 PARK CENTER DR, STE 220
City-St-Zip: ORLANDO, FL 32835

Title: MGR () Delete
Name: GANOVSKY, MATTHEW A
Address: 2101 PARK CENTER DR, STE 220
City-St-Zip: ORLANDO, FL 32835

Title: MGRT () Delete
Name: MCNEALY, TODD S
Address: 2101 PARK CENTER DR, STE 220
City-St-Zip: ORLANDO, FL 32835

Title: V () Delete
Name: HINKSON, MALIKA
Address: 7897 SEVENTH AVE, 11TH FL
City-St-Zip: NEW YORK, NY 10019

Title: MGR () Delete
Name: ZUCCARO, ROBERT
Address: 787 SEVENTH AVE, 11TH FL
City-St-Zip: NEW YORK, NY 10019

Title: V () Delete
Name: LIESER, LORI
Address: 500 W MADISON, STE 2400
City-St-Zip: CHICAGO, IL 60661

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HINKSON, MALIKA
Address: 340 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: MGR (X) Change () Addition
Name: SCHNEIDER, BRETT
Address: 340 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: V (X) Change () Addition
Name: LIESER, LORI M
Address: 500 W MADISON, STE 2400
City-St-Zip: CHICAGO, IL 60661

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: BRETT SCHNEIDER

MGR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date