2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2011
Secretary of State

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Entity Name: MEMBERS INSURANCE CENTER, LLC

Current Principal Place of Business:

6801 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11709
TAMPA, FL 33680

New Mailing Address:

FEI Number: 20-1399753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUSSELL, MONA
6801 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610 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: MGR
Name: FLYNN, PETER
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: MGR
Name: DARLING, LINDA
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: MGR
Name: DORETY, TOM
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: MGR
Name: WHITLOCK, EARL
Address: 6801 E HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33610

Title: MGR
Name: LOVETT, VICTORIA
Address: 6801 E HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33610

I hereby 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 Statues.

SIGNATURE: MONA RUSSELL MGR 01/24/2011

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