2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079065

Entity Name: GHG INSURANCE, LLC

City-St-Zip:

JACKSONVILLE, FL 32204

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 751 OAK STREET, SUITE 100 JACKSONVILLE, FL 32204 **Current Mailing Address: New Mailing Address:** 751 OAK STREET, SUITE 100 JACKSONVILLE, FL 32204 FEI Number: 20-1825754 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: STONEBURNER, BERRY & SIMMONS, P.A. 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GASKIN, TIMOTHY B Name: Name: Address: 751 OAK ST., SUITE 100 Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HARDAKER, WILLIAM R Name: Address: 751 OAK ST., SUITE 100 Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GIBSON, ROGER Name: Name: 751 OAK ST., SUITE 100 Address: Address:

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.

City-St-Zip:

SIGNATURE: TIMOTHY B GASKIN MGRM 01/20/2009