

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093513

FILED
Jan 27, 2009
Secretary of State

Entity Name: AFFILIATED INSURANCE GROUP, LLC

Current Principal Place of Business:

9563 E PELICAN COVE CT E
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

9563 E PELICAN COVE CT E
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 37-1503771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINCKNEY, CHRISTOPHER V
9563 PELICAN COVE CT E
INVERNESS, FL 34450 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 () Delete
Name: PINCKNEY, CHRISTOPHER V
Address: 8546 WEST HOMOSASSA TRAIL, SUITE 2
City-St-Zip: HOMOSASSA, FL 34448 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PINCKNEY, CHRISTOPHER V
Address: 9563 E PELICAN COVE CT E
City-St-Zip: INVERNESS, FL 34450 US

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: CHRISTOPHER V. PINCKNEY

MGR

01/27/2009

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