

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031512

FILED
Jan 20, 2009
Secretary of State

Entity Name: EDISON INSURANCE GROUP, LLC

Current Principal Place of Business:

9800 4TH ST N.
SUITE 307
SAINT PETERSBURG, FL 33702

Current Mailing Address:

9800 4TH ST N.
SUITE 307
SAINT PETERSBURG, FL 33702

New Principal Place of Business:

9800 4TH ST N.
SUITE 200
SAINT PETERSBURG, FL 33702

New Mailing Address:

9800 4TH ST N.
SUITE 200
SAINT PETERSBURG, FL 33702

FEI Number: 20-2727644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, KELLY K CFO
EDISON INSURANCE GROUP, LLC
9800 4TH ST N. SUITE 307
SAINT PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

KING, KELLY K CFO
EDISON INSURANCE GROUP, LLC
9800 4TH ST N. SUITE 200
SAINT PETERSBURG, FL 33702 US

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:

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: HOWARD, DAVID M
Address: 4717 ROYAL PALM CIR NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD () Delete
Name: KING, KELLY K
Address: 1421 STURBRIDGE CT
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: GANTLEY, ROBERT G
Address: 2307 89TH ST NW
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: BELISLE, JOHN
Address: 766 CAL COVE DR
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: FIELDS, DOUGLAS G
Address: 2938 MEDINAH
City-St-Zip: WESTON, FL 33332

Title: D () Delete
Name: IDELSON, CHARLES K
Address: 13792 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 339121618

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: HOWARD, DAVID M
Address: 357 BELLEAIR DRIVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

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

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

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: KELLY K. KING

CFO

01/20/2009

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