

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031518

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: EDISON INSURANCE UNDERWRITERS, LLC

## Current Principal Place of Business:

9800 4TH STREET NORTH  
SAINT PETERSBURG, FL 33702

## New Principal Place of Business:

## Current Mailing Address:

9800 4TH STREET NORTH  
SAINT PETERSBURG, FL 33702

## New Mailing Address:

FEI Number: 20-2727713      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KING, KELLY K CFO  
9800 4TH STREET NORTH #307  
ST PETERSBURG, FL 33702      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: P ( ) Delete  
Name: HOWARD, DAVID M  
Address: 4717 ROYAL PALM CIRCLE NE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: D ( ) Change (X) Addition  
Name: KING, KELLY K CFO  
Address: 1421 STURBRIDGE COURT  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Change (X) Addition  
Name: GANTLEY, ROBERT G COO  
Address: 2307 89TH STREET NW  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Change (X) Addition  
Name: TRIPPE, GARY V  
Address: 1275 KASAMADA DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Change (X) Addition  
Name: BELISLE, JOHN  
Address: 766 CAL COVE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

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

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

01/04/2008

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