2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

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Entity Name: ZION INSURANCE GROUP, LLC

Current Principal Place of Business:

5310 LENOX AVENUE
SUITE 6
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5310 LENOX AVENUE
SUITE 6
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-3788865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOGGINS, LUCINDA C
9157 FALLSMILL DRIVE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

GOGGINS, LUCINDA C
6338 WHITBY CT
JACKSONVILLE, FL 32244 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: 04/26/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: VP
Name: TOWNSEND, FRANK L III
Address: 5310 LENOX AVEUNUE #6
City-St-Zip: JACKSONVILLE, FL 32205

Title: P
Name: TOWNSEND, EARNESTEEN
Address: 5310 LENOX AVUENUE #6
City-St-Zip: JACKSONVILLE, FL 32244

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: EARNESTEEN TOWNSEND P 04/26/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date