2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L06000120281

Entity Name: AGIS - INDIANA AGENCY, LLC

Current Principal Place of Business:

1801 LEE ROAD, SUITE 300
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1801 LEE ROAD, SUITE 300
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 84-1722111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND, FL 32751 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: KIRCHNER, MICHAEL J
Address: 1801 LEE ROAD, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete
Name: NORRIS, DAVID
Address: 933 N. MERIDIAN STREET, SUITE 250
City-St-Zip: INDIANAPOLIS, IN 46264

Title: MGR ( ) Delete
Name: LASKOWITZ, JOHN
Address: 1801 LEE ROAD, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: NORRIS, DAVID
Address: 70 E. 91ST ST., STE#101
City-St-Zip: INDIANAPOLIS, IN 46240

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: MICHAEL KIRCHNER MGR 03/17/2009

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