

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121481

FILED
Feb 23, 2010
Secretary of State

Entity Name: STUDENT INSURANCE GROUP LLC

Current Principal Place of Business:

18902 PLACE MARQUETTE
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

PO BOX 21047
TAMPA, FL 336221047

New Mailing Address:

FEI Number: 26-2481239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, WAYNE
18902 PLACE MARQUETTE
LUTZ, FL 33558 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: MGRM
Name: LYNN, WAYNE
Address: 18902 PLACE MARQUETTE
City-St-Zip: LUTZ, FL 33558

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 Statutes.

SIGNATURE: WAYNE LYNN

MGRM

02/23/2010

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