## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121896

Entity Name: MEDMAL DIRECT INSURANCE GROUP, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12276 SAN JOSE BLVD ONE INDEPENDENT DRIVE

STE 532 STE 3201

JACKSONVILLE, FL 32223 US JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

12276 SAN JOSE BLVD ONE INDEPENDENT DRIVE

STE 532 STE 3201

JACKSONVILLE, FL 32223 US JACKSONVILLE, FL 32202 US

FEI Number: 26-2010975 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALLACE, MICHAEL J
12276 SAN JOSE BLVD
STE 532

WALLACE, MICHAEL J
ONE INDEPENDENT DRIVE
STE 3201

JACKSONVILLE, FL 32223 US JACKSONVILLE, FL 32202 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: MICHAEL J. WALLACE 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 MDIG HOLDINGS LLC
 Name:
 MDIG HOLDINGS LLC

 Address:
 12276 SAN JOSE BLVD, STE 532
 Address:
 ONE INDEPENDENT DRIVE, STE 3201

 City-St-Zip:
 JACKSONVILLE, FL 32223 US
 City-St-Zip:
 JACKSONVILLE, FL 32202 US

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 J. WALLACE MGRM 04/30/2009