2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# L08000071028

Entity Name: SECURITY BOND ASSOCIATES INSURANCE AGENCY, LLC

Current Principal Place of Business:

215 FIFTH STREET
SUITE 100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

215 FIFTH STREET
SUITE 100
WEST PALM BEACH, FL 33401

New Mailing Address:

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

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DIERUF, THOMAS A
Address: 10000 SHELBYVILLE ROAD
City-St-Zip: LOUISVILLE, KY 40223 US

Title: MGR ( ) Delete
Name: CAMPBELL, DAVID E
Address: 10000 SHELBYVILLE ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR ( ) Delete
Name: LAUER, PHILIP G
Address: 10002 SHELBYVILLE ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR ( ) Delete
Name: BUCHANAN, DONALD D
Address: 10002 SHELBYVILLE ROAD
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: CAMPBELL, DAVID E
Address: 256 JACKSON MEADOWS DR
City-St-Zip: HERMITAGE, TN 37076

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

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: THOMAS A DIERUF MGR 04/10/2009

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