2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000092267

Entity Name: INSURANCE COMPANY MANAGERS LLC

FILED Oct 15, 2009 Secretary of State

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

4655 SALSBURY ROAD 4655 SALISBURY ROAD JACKSONVILLE, FL 32256

SUITE 110

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

4655 SALISBURY ROAD 4655 SALSBURY ROAD JACKSONVILLE, FL 32256

SUITE 110

JACKSONVILLE, FL 32256

FEI Number: 26-3453902 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:

GALLOWAY, CLYDE W JR SHEALY, MARK C 240 EAST 5TH AVENUE 4655 SALISBURY ROAD

TALLAHASSEE, FL 32303 US SUITE 110 JACKSONVILLE, FL 32256 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: MARK C SHEALY 10/15/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

RUSSELL, WILLIAM R Name: Name: Address: 4655 SALSBURY ROAD Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip:

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

Name: CETIN, KURT J Name: Address: 4655 SALSBURY ROAD Address: City-St-Zip: JACKSONVILLE, FL 32256 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: WILLIAM R RUSSELL **MGRM** 10/15/2009