2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2010
Secretary of State

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Entity Name: FIRST PREMIUM INSURANCE GROUP OF FLORIDA, LLC

Current Principal Place of Business:

9171 OLD CHEMONIE ROAD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 77
COVINGTON, LA 70434 US

New Mailing Address:

PO BOX 77
COVINGTON, LA 70434 US

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

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: MGRM
Name: FIRST PREMIUM INSURANCE GROUP, INC.
Address: 190 NEW CAMELLIA BOULEVARD
City-St-Zip: COVINGTON, LA 70433 US

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 Statues.

SIGNATURE: JAY A. PELLEGRINI, JR. MEMB 04/09/2010

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