

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000795

FILED
Jan 25, 2007
Secretary of State

Entity Name: POLK INSURANCE COMPANY, L.C.

Current Principal Place of Business:

1500 6TH STREET N.W.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

1500 6TH STREET N.W.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3393452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, JAMES L
1500 6TH STREET N.W.
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

GREEN, JAMES L MGRM
1500 6TH STREET N.W.
WINTER HAVEN, FL 33881 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: J. L. GREEN

01/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEM () Delete
Name: BULLARD AGENCY, INC.,
Address: 221 EAST STUART AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: MEM () Delete
Name: GREEN'S INSURANCE SE, RVICE, INC.
Address: 1500 6TH STREET N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: MEM () Delete
Name: HATTON INSURANCE AGE, NCY, INC.
Address: 322 EAST MAIN STREET
City-St-Zip: BARTOW, FL 33830

Title: MEM () Delete
Name: CHAD GREEN INSURANCE, , INC.
Address: 1617 EAST GARY ROAD
City-St-Zip: LAKE LAND, FL 33801

Title: MEM () Delete
Name: MITCHELL INSURANCE A, GENCY, INC.
Address: 105 N. BROADWAY
City-St-Zip: FORT MEADE, FL 33841

Title: MEM () Delete
Name: DESOTO INSURANCE AGE, NCY, INC.
Address: P.O. BOX 880
City-St-Zip: ARCADIA, FL 342650880

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BULLARD AGENCY, INC.,
Address: 221 EAST STUART AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM (X) Change () Addition
Name: GREEN'S INSURANCE SE, RVICE
Address: 1500 6TH STREET N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR (X) Change () Addition
Name: HATTON INSURANCE AGE, NCY, INC.
Address: 322 EAST MAIN STREET
City-St-Zip: BARTOW, FL 33830

Title: MGR (X) Change () Addition
Name: CHAD GREEN INSURANCE, , INC.
Address: 1617 EAST GARY ROAD
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Title: MGR (X) Change () Addition
Name: MITCHELL INSURANCE A, GENCY, INC.
Address: 105 N. BROADWAY
City-St-Zip: FORT MEADE, FL 33841

Title: MGR (X) Change () Addition
Name: DESOTO INSURANCE AGE, NCY, INC.
Address: P.O. BOX 880
City-St-Zip: ARCADIA, FL 342650880

I hereby certify that the information supplied with this filing does not qualify for the 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: J. L. GREEN

MGRM

01/25/2007

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