

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000795

FILED
Jan 16, 2009
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 MGRM
1500 6TH STREET N.W.
WINTER HAVEN, FL 33881 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: BULLARD AGENCY, INC.,
Address: 221 EAST STUART AVENUE
City-St-Zip: LAKE WALES, FL 33853

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

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

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

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

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

ADDITIONS/CHANGES:

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

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

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

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: JAMES L GREEN

MGRM

01/16/2009

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