2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

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

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

Title: MGR
Name: HATTON INSURANCE AGENCY, INC.
Address: 322 EAST MAIN STREET
City-St-Zip: BARTOW, FL 33830

Title: MGR
Name: CHAD GREEN INSURANCE, INC.
Address: 1617 EAST GARY ROAD
City-St-Zip: LAKELAND, FL 33801

Title: MGR
Name: MITCHELL INSURANCE AGENCY, INC.
Address: 105 N. BROADWAY
City-St-Zip: FORT MEADE, FL 33841

Title: MGR
Name: DESOTO INSURANCE AGENCY, INC.
Address: P.O. BOX 880
City-St-Zip: ARCADIA, FL 342650880

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: JAMES L GREEN MGRM 01/18/2011

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