

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001003

Entity Name: UNITED INSURANCE MANAGEMENT, L.C.

FILED  
Apr 23, 2010  
Secretary of State

**Current Principal Place of Business:**

360 CENTRAL AVENUE  
SUITE 900  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

360 CENTRAL AVENUE  
SUITE 900  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-3562047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOX, RICHARD N JR.  
2822 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308 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: BRANCH, GREG C  
Address: P.O. BOX 940  
City-St-Zip: OCALA, FL 34478

Title: MGRM  
Name: PRATT, GORDON  
Address: FOUR FOREST PARK, 2ND FLOOR  
City-St-Zip: FARMINGTON, CT 06032

Title: MGRM  
Name: DON, CRONIN  
Address: 360 CENTRAL AVE STE 900  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM  
Name: PEISO, JOSEPH  
Address: 360 CENTRAL AVE STE 900  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM  
Name: RUSSELL, MELVIN  
Address: 360 CENTRAL AVE STE 900  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM  
Name: POITEVINT, ALEC  
Address: 1100 DOTHAN RD  
City-St-Zip: BAINBRIDGE, GA 39817

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 Statutes.

SIGNATURE: DONALD CRONIN

MGRM

04/23/2010

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