

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001003

FILED
Apr 23, 2010
Secretary of State

Entity Name: UNITED INSURANCE MANAGEMENT, L.C.

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