2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# L99000005431

Entity Name: PAGET INSURANCE AGENCY, LLC

Current Principal Place of Business:

5080 SPECTRUM DRIVE, SUITE 900 EAST
ADDISON, TX 75001

New Principal Place of Business:

5080 SPECTRUM DRIVE
SUITE 900 EAST
ADDISON, TX 75001

Current Mailing Address:

5080 SPECTRUM DRIVE, SUITE 900 EAST
ADDISON, TX 75001

New Mailing Address:

5080 SPECTRUM DRIVE
SUITE 900 EAST
ADDISON, TX 75001

FEI Number: 59-3593889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ASHLEY, WILLIAM J
Address: 5080 SPECTRUM DRIVE, SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

Title: MGR ( ) Delete
Name: HEATHERLY, DAVID A
Address: 5080 SPECTRUM DRIVE, SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

Title: MGR ( ) Delete
Name: PRIMERANO, RICHARD B
Address: 5080 SPECTRUM DRIVE, SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

Title: MGR ( ) Delete
Name: STANARD, JAMES N
Address: 15 ARDSHEAL DRIVE
City-St-Zip: PAGET BERMUDA,

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: MGRM (X) Change ( ) Addition
Name: GLENCOE U.S. HOLDING, S INC.
Address: 5080 SPECTRUM DRIVE, SUITE 900 EAST
City-St-Zip: ADDISON, TX 75001

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: NANCY SELF, ASSISTANT SECRETARY MGRM 04/21/2006

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