2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M00000001881

1. Entity Name
THE VISION INSURANCE GROUP, LLC

Principal Place of Business	Mailing Address
210 WESTWOOD PL. SUITE 200 BRENTWOOD, TN 37027	PO BOX 1324 BRENTWOOD, TN 37024-1324

DO NOT WRITE IN THIS SPACE

01082004No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
62-1720361	Not Applicable

5. Certificate of Status Desired ☒   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000137349
04/29/04-80036-013 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	RUSSELL, JOHN C
STREET ADDRESS	210 WESTWOOD PL.
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	MEM
NAME	RUSSELL, CAROL
STREET ADDRESS	210 WESTWOOD PL.
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   4/14/04   615-661-0706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #