2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000000058

Entity Name: SOUTHTRUST INSURANCE, LLC

FILED Feb 28, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 112 NORTH 20TH ST. 112 NORTH 20TH STREET BIRMINGHAM, AL 35203 BIRMINGHAM, AL 35203 US **Current Mailing Address: New Mailing Address:** 112 NORTH 20TH STREET 112 NORTH 20TH ST BIRMINGHAM, AL 35203 ATTN: LARRY GRAY BIRMINGHAM, AL 35203 US FEI Number: 63-1267768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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/MEMBERS: ADDITIONS/CHANGES:** () Delete () Change (X) Addition LASSITER, BRIAN R Name: Name: Address: Address: 100 BROOKWOOD PLACE, SUITE 300 City-St-Zip: City-St-Zip: BIRMINGHAM, AL 35209 US Title: Title: MGR () Change (X) Addition () Delete Name: Name: GOURLEY, PAUL JR. Address: Address: 100 BROOKWOOD PLACE, SUITE 300 City-St-Zip: City-St-Zip: BIRMINGHAM, AL 35209 US Title: () Delete Title: MGR () Change (X) Addition NONNENGARD, JIM Name: Name: 112 NORTH 20TH STREET Address: Address: City-St-Zip: City-St-Zip: BIRMINGHAM, AL 35203 US () Change (X) Addition Title: () Delete Title: MGRM FIELDS, TOM Name: Name: 112 NORTH 20TH STREET Address: Address: City-St-Zip: City-St-Zip: BIRMINGHAM, AL 35203 US Title: () Delete Title: MGR () Change (X) Addition PORTER, JOHN Name: Name: 112 NORTH 20TH STREET Address: Address: City-St-Zip: City-St-Zip: BIRMINGHAM, AL 35203 US Title: () Delete Title: () Change (X) Addition WHITE, DICK JR. Name: Name: Address: Address: 112 NORTH 20TH STREET BIRMINGHAM, AL 35203 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN R. LASSITER MGR 02/28/2002