2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# M05000002907

Entity Name: M-CAP INSURANCE AGENCY, LLC

Current Principal Place of Business:

200 HOPMEADOW STREET
SIMSBURY, CT 06089

New Principal Place of Business:

Current Mailing Address:

200 HOPMEADOW STREET
SIMSBURY, CT 06089

New Mailing Address:

FEI Number: 20-2400558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CARLSON, DAVID A
Address: 200 HOPMEADOW STREET
City-St-Zip: SIMSBURY, CT 06089

Title: MGR ( ) Delete
Name: WALTERS, JOHN C
Address: 200 HOPMEADOW STREET
City-St-Zip: SIMSBURY, CT 06089

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CARLSON, DAVID A
Address: ONE HARTFORD PLAZA
City-St-Zip: HARTFORD, CT 06155

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A. CARLSON MGR 03/20/2009

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