

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002907

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**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  
**Name:** CARLSON, DAVID A  
**Address:** ONE HARTFORD PLAZA  
**City-St-Zip:** HARTFORD, CT 06155

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

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:** DAVID A. CARLSON

MGR

01/06/2010

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