2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005817

Entity Name: U.S. INSURANCE GROUP, LLC

736 MARKET ST SUITE 1100

City-St-Zip: CHATTANOOGA, TN 37402

Address:

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
736 MARK SUITE 110 CHATTAN		7402		
Current Mailing Address:			New Mailing Address:	
P O BOX 1 CHATTAN	11509 IOOGA, TN 3	7401		
FEI Number	: 62-1759776	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:
2731 EXEC WESTON,	, FL 33331	C DRIVE, SUITE 4 US	purpose of abanging its registe	rod office or registered agent or both
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	PRATER, EDV	ST SUITE 1100	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HUSTON, RUS	ST SUITE 1100	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	KULOVITZ, LO	ST SUITE 1100	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM (X JENNINGS, RA	() Delete ALPH C	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: RUSSELL H HUSTON PRES 03/24/2009