2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

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Entity Name: TRANSPORTATION INSURANCE MANAGEMENT, LLC

Current Principal Place of Business:

835 GEORGIA AVENUE, #700
CHATTANOOGA, TN 37402

New Principal Place of Business:

736 MARKET ST
SUITE 1100
CHATTANOOGA, TN 37402

Current Mailing Address:

835 GEORGIA AVENUE, #700
CHATTANOOGA, TN 37402

New Mailing Address:

P O BOX 11509
CHATTANOOGA, TN 37401

FEI Number: 20-1296954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGRM ( ) Delete
Name: PRATER, EDWARD A
Address: 835 GEORGIA AVENUE, #700
City-St-Zip: CHATTANOOGA, TN 37402

Title: MGRM (X) Delete
Name: HUSTON, RUSSELL H
Address: 835 GEORGIA AVENUE, #700
City-St-Zip: CHATTANOOGA, TN 37402

Title: MGRM ( ) Delete
Name: KULOVITZ, LOUIS E
Address: 835 GEORGIA AVENUE, #700
City-St-Zip: CHATTANOOGA, TN 37402

Title: MGRM ( ) Delete
Name: SABEL, H. BRIAN
Address: 835 GEORGIA AVENUE, #700
City-St-Zip: CHATTANOOGA, TN 37402

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PRATER, EDWARD A
Address: 736 MARKET ST SUITE 1100
City-St-Zip: CHATTANOOGA, TN 37402

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

Title: MGRM (X) Change ( ) Addition
Name: KULOVITZ, LOUIS E
Address: 736 MARKET ST SUITE 1100
City-St-Zip: CHATTANOOGA, TN 37402

Title: MGRM (X) Change ( ) Addition
Name: SABEL, H. BRIAN
Address: 736 MARKET ST SUITE 1100
City-St-Zip: CHATTANOOGA, TN 37401

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: LOUIS KULOVITZ MGRM 04/28/2008

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