2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# M06000000185

Entity Name: HIBERNIA INSURANCE AGENCY, LLC

Current Principal Place of Business:

3510 N. CAUSEWAY BLVD., STE. 200
METAIRIE, LA 70002

New Principal Place of Business:

Current Mailing Address:

3510 N. CAUSEWAY BLVD., STE. 200
METAIRIE, LA 70002

New Mailing Address:

FEI Number: 72-1391133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:	BONITATIBUS, PAUL J	
Address:	313 CARONDELET STREET	
City-St-Zip:	NEW ORLEANS, LA 70131	
Title:	MGR	( ) Delete
Name:	CONNELLYBUS, DEBORA S	
Address:	313 CARONDELET STREET	
City-St-Zip:	NEW ORLEANS, LA 70131	
Title:	MGR	( ) Delete
Name:	CUNNINGHAM, STEVEN E	
Address:	313 CARONDELET STREET	
City-St-Zip:	NEW ORLEANS, LA 70131	
Title:	MGR	( ) Delete
Name:	MACALUSO, JAN M	
Address:	313 CARONDELET STREET	
City-St-Zip:	NEW ORLEANS, LA 70131	
Title:	MGR	( ) Delete
Name:	STUART, ROBERT M JR.	
Address:	313 CARONDELET STREET	
City-St-Zip:	NEW ORLEANS, LA 70131	
Title:	MGR	( ) Delete
Name:	TALBOT, M. MERRITT	
Address:	313 CARONDELET STREET	
City-St-Zip:	NEW ORLEANS, LA 70131	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	GENOVESE, TINA	
Address:	313 CARONDELET STREET	
City-St-Zip:	NEW ORLEANS, LA 70131	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: M. MERRITT TALBOT MGR 01/04/2007

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