2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004576

City-St-Zip:

Entity Name: MULLINTBG INSURANCE AGENCY SERVICES, LLC

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2029 CENTURY PARK EAST, 37TH FLOOR 100 NORTH SEPULVEDA BLVD LOS ANGELES, CA 90067 SUITE 500 EL SEGUNDO, CA 90245 **Current Mailing Address: New Mailing Address:** 2029 CENTURY PARK EAST 100 NORTH SEPULVEDA BLVD 37TH FLOOR SUITE 500 LOS ANGELES, CA 90067 EL SEGUNDO, CA 90245 FEI Number: 20-4106571 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete MC INSURANCE AGENCY, SERVICES, LLC MARCKS, CHRIS MS. Name: Name: 2029 CENTURY PARK EAST, 37TH FLOOR Address: 280 TRUMBULL STREET, 17TH FLOOR Address: City-St-Zip: LOS ANGELES, CA 90067 City-St-Zip: HARTFORD, CT 06103 Title: MGRM () Delete Title: MGR (X) Change () Addition TBG INSURANCE SERVIC, ES CORPORATION Name: MALLOZZI, JAMES MR. Name: Address: 2029 CENTURY PARK EAST, 37TH FLOOR Address: 280 TRUMBULL STREET, 17TH FLOOR City-St-Zip: LOS ANGELES, CA 90067 City-St-Zip: HARTFORD, CT 06103 Title: () Delete Title: MGR () Change (X) Addition SHUTE, MICHAEL MR. Name: Name: 610 NEWPORT CENTER DRIVE, SUITE 950 Address: Address: City-St-Zip: City-St-Zip: NEWPORT BEACH, CA 92660 Title: () Delete Title: MGR () Change (X) Addition Name: Name: KALAMARIDES, JOHN MR. 280 TRUMBULL STREET Address: Address: City-St-Zip: City-St-Zip: HARTFORD, CT 06103 Title: () Delete Title: () Change (X) Addition GAUL, SCOTT MR. Name: Name: 280 TRUMBULL STREET Address: Address:

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.

City-St-Zip:

HARTFORD, CT 06103

SIGNATURE: MICHAEL SHUTE MGR 03/04/2009