2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007
Secretary of State

DOCUMENT# M06000005288

Entity Name: TRUCK INSURANCE OF AMERICA LLC

Current Principal Place of Business:

336 WATER TOWER CIR
COLCHESTER, VT 05446

New Principal Place of Business:

Current Mailing Address:

336 WATER TOWER CIR
COLCHESTER, VT 05446

New Mailing Address:

FEI Number: 20-0755102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARKD DRIVE STE 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:	MGRP	( ) Delete
Name:	LIGHT, WILLIAM	
Address:	336 WATER TOWER CIR	
City-St-Zip:	COLCHESTER, VT 05446	
Title:	MGRV	( ) Delete
Name:	RAVLIN, LESTER	
Address:	336 WATER TOWER CIR	
City-St-Zip:	COLCHESTER, VT 05446	
Title:	MGRS	( ) Delete
Name:	CALHOUN, PAUL	
Address:	336 WATER TOWER CIR	
City-St-Zip:	COLCHESTER, VT 05446	
Title:	MGRD	( ) Delete
Name:	LIGHT, JOHN	
Address:	336 WATER TOWER CIR	
City-St-Zip:	COLCHESTER, VT 05446	
Title:	MGRD	( ) Delete
Name:	LIGHT, ANDREW	
Address:	336 WATER TOWER CIR	
City-St-Zip:	COLCHESTER, VT 05446	

ADDITIONS/CHANGES:

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

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: PAUL CALHOUN MGRS 08/06/2007

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