

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


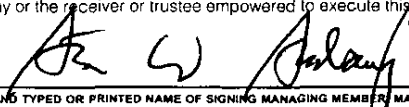
FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90034 049 ***138.75

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04112008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M07000000599			
1. Entity Name INSURITY LLC			
Principal Place of Business 170 HUYSHOPE AVENUE HARTFORD, CT 06106		Mailing Address 170 HUYSHOPE AVENUE HARTFORD, CT 06106	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1000 Alderman Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Drop 71-N	
City & State		City & State Alpharetta, GA	
Zip	Country	Zip	Country
		30005	
4. FEI Number 58-2100419		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, DEREK V 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURLING, DOUGLAS C 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SURBAUGH, STEVEN W 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEE, DAVID T 170 HUYSHOPE AVENUE HARTFORD, CT 06106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLAZER, JEFFREY J 170 HUYSHOPE AVENUE HARTFORD, CT 06106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REISZ, ANTHONY L 170 HUYSHOPE AVENUE HARTFORD, CT 06106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SVP Anthony Reisz 1000 Alderman Drive Alpharetta, GA 30005
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  Steven Surbaugh, 4/23/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

ATTACHMENT

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MO7000000599

Insurity LLC

Officers:

David T. Lee, Chief Executive Officer
Jeffrey J. Glazer, President
Steven W. Surbaugh, EVP and Chief Administrative Officer
Anthony L. Reisz, Senior Vice President
David E. Trine, Chief Financial Officer
Carol A. DiBattiste, General Counsel
David W. Davis, Secretary
John M. Mongelli, Treasurer
Mary M. Young, Assistant Secretary

Business Address:

Managers:

Derek V. Smith
Douglas C. Curling
Steven W. Surbaugh

1000 Alderman Dr., Alpharetta, GA 30005