

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003271

FILED
Jun 23, 2009
Secretary of State

Entity Name: CIC INSURANCE BROKERS, LLC

Current Principal Place of Business:

5101 CLASSEN CL STE 300
OKLAHOMA CITY, OK 73118

New Principal Place of Business:

5100 CLASSEN CL STE 300
OKLAHOMA CITY, OK 73118

Current Mailing Address:

5101 CLASSEN CL STE 300
OKLAHOMA CITY, OK 73118

New Mailing Address:

5100 CLASSEN CL STE 300
OKLAHOMA CITY, OK 73118

FEI Number: 20-5708527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ROSS, MICHAEL F
Address: 5101 CLASSEN CL STE 300
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: MGR () Delete
Name: HESTER, JOHN C
Address: 5101 CLASSEN CL STE 300
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: MGR () Delete
Name: YOUNG, EDWARD L
Address: 5101 CLASSEN CL STE 300
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: MGR () Delete
Name: KELLY, CHARLES T
Address: 8225 S FM 707
City-St-Zip: ABILENE, TX 79602

Title: MGR () Delete
Name: EIDE, ROY
Address: 8225 S FM 707
City-St-Zip: ABILENE, TX 79602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSS, MICHAEL F
Address: 5100 CLASSEN CL STE 300
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: MGR (X) Change () Addition
Name: HESTER, JOHN C
Address: 5100 CLASSEN CL STE 300
City-St-Zip: OKLAHOMA CITY, OK 73118

Title: MGR (X) Change () Addition
Name: YOUNG, EDWARD L
Address: 5100 CLASSEN CL STE 300
City-St-Zip: OKLAHOMA CITY, OK 73118

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: EDWARD L. YOUNG

MGR

06/23/2009

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