

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 07, 2010
Secretary of State

Entity Name: NETWORK INSURANCE SENIOR HEALTH DIVISION ALG, LLC

Current Principal Place of Business:

2536 COUNTRYSIDE BLVD., 6TH FL
CLEARWATER, FL 33763

New Principal Place of Business:

2536 COUNTRYSIDE BLVD.,
STE 501
CLEARWATER, FL 33763

Current Mailing Address:

2536 COUNTRYSIDE BLVD., 6TH FL
CLEARWATER, FL 33763

New Mailing Address:

2536 COUNTRYSIDE BLVD.,
ST 501
CLEARWATER, FL 33763

FEI Number: 26-3939417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHTOWER, R. NATHAN ESQ.
2536 COUNTRYSIDE BLVD., 6TH FL
CLEARWATER, FL 33763 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
Name: NORTH, TIMOTHY O
Address: 2536 COUNTRYSIDE BLVD., 6TH FL
City-St-Zip: CLEARWATER, FL 33763

I hereby 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: TIMOTHY O NORTH

MGR

07/07/2010

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