

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004399

FILED
Jan 19, 2012
Secretary of State

Entity Name: SELECT PROFESSIONAL UNDERWRITERS, LLC

Current Principal Place of Business:

5555 TRIANGE PARKWAY, STE. 320
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

5555 TRIANGE PARKWAY, STE. 320
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 58-2476921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T 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
Name: WILSON, JOSEPH S JR, MD
Address: 3525 PIEDMONT ROAD; BLDG 8-600
City-St-Zip: ATLANTA, GA 30305

Title: MGR
Name: ANDREWS, CATHERINE S M.D.
Address: 3525 PIEDMONT ROAD; BLDG 8-600
City-St-Zip: ATLANTA, GA 30305

Title: MGR
Name: CHEEK, BENJAMIN H M.D.
Address: 3525 PIEDMONT ROAD; BLDG 8-600
City-St-Zip: ATLANTA, GA 30305

Title: MGR
Name: STEWART, DAVID T JR, MD
Address: 3525 PIEDMONT ROAD; BLDG 8-600
City-St-Zip: ATLANTA, GA 30305

Title: MGR
Name: DELOACH, E. DANIEL M.D.
Address: 3525 PIEDMONT ROAD; BLDG 8-600
City-St-Zip: ATLANTA, GA 30305

Title: MGR
Name: EASLEY, H. ALEXANDER III MD
Address: 3525 PIEDMONT ROAD; BLDG 8-600
City-St-Zip: ATLANTA, GA 30305

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: JOSEPH L. CREGAN

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01/19/2012

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