2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N06000000701

Entity Name: FLORIDIANS FOR LOWER INSURANCE COSTS, INC.

Current Principal Place of Business:

117 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

215 SOUTH MONROE STREET
SUITE P3
TALLAHASSEE, FL 32301

Current Mailing Address:

117 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

New Mailing Address:

215 SOUTH MONROE STREET
SUITE P3
TALLAHASSEE, FL 32301

FEI Number: 20-4190432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, BRIAN
215 SOUTH MONROE STREET
SECOND FLOOR
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCGLYNN, ALLEN
Address: 117 SOUTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete
Name: HALL, LISA K
Address: 117 SOUTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: WILKERSON, EMORY A
Address: 190 POINTER RIDGE TRAIL
City-St-Zip: FAYETTEVILLE, GA 30214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCGLYNN, ALLEN
Address: 215 SOUTH MONROE STREET, SUITE P3
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change ( ) Addition
Name: GLOVER, JUSTIN
Address: 1619 GOODWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN T. MCGLYNN PD 01/18/2008

Electronic Signature of Signing Officer or Director — Date