2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000084475

Entity Name: MILLER INSURANCE GROUP, INC.

FILED Jun 21, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of	Business:
5700 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207		
Current Mailing Address:	New Mailing Address:	
5700 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207		
FEI Number: 76-0738082 FEI Number Ap	pplied For () FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		
SAFER, ELIOT J 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257 US	MCMULLEN, JACK K 301 EAST PINE STREET 1400 ORLANDO, FL 32801 U	
The above named entity submits this statin the State of Florida.	tement for the purpose of changing its registered of	ffice or registered agent, or both,
SIGNATURE: JACK K. MCMULLEN		06/21/2007
Electronic Signature of OFFICERS AND DIRECTORS:		Date TO OFFICERS AND DIRECTORS:
Title: PSTD () Delete Name: MILLER, DAVID C Address: 5700 ST. AUGUSTINE ROAD City-St-Zip: JACKSONVILLE, FL 32207	Title: () Name: Address: City-St-Zip:	Change () Addition

City-Ci-Zip. SACKOONVILLE, I E 32201

Title: VD () Delete
Name: MILLER, MICHAEL A
Address: 5700 ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Name: Address: City-St-Zip:

Title:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. MILLER DP 06/21/2007

() Change () Addition