2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: MEMBERS INSURANCE CENTER, LLC

Current Principal Place of Business:

6810 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

Current Mailing Address:

P.O. BOX 11709
TAMPA, FL 33680 US

FEI Number: 20-1399753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSCINSKI, DANIELLE
6810 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

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: DANIELLE MOSCINSKI 04/10/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	LOVETT, VICTORIA G
Address	6801 E HILLSBOROUGH AVE
City-State-Zip:	TAMPA FL 33610

Title	MGR
Name	MCKAY-BASS, MELVA
Address	6801 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

Title	MGR
Name	SATCHEL, ANTHONY D
Address	6801 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

Title	MGR
Name	JOHNSON, KEVIN D
Address	6801 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

Title	MANAGER
Name	ODE, ZAMIR L
Address	6801 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

Title	MANAGER
Name	RUSSELL, MONA
Address	6810 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN JOHNSON AGENCY MANAGER 04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date