2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2019
Secretary of State
0471765333CC

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Entity Name: HUNT INSURANCE GROUP, LLC

Current Principal Place of Business:

3606 MACLAY BLVD. SOUTH
SUITE 204
TALLAHASSEE, FL 32312

Current Mailing Address:

3606 MACLAY BLVD. SOUTH
SUITE 204
TALLAHASSEE, FL 32312 US

FEI Number: 20-4779175

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUNT, SCOTT P
3606 MACLAY BLVD. SOUTH
SUITE 204
TALLAHASSEE, FL 32312 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: SCOTT P. HUNT 02/18/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	DIRECTOR, PRESIDENT, CEO
Name	HUNT, SCOTT PRITCHARD
Address	3606 MACLAY BLVD. SOUTH SUITE 204
City-State-Zip:	TALLAHASSEE FL 32312

Title	CFO & TREASURER
Name	BAKER, CHRISTOPHER R
Address	3606 MACLAY BLVD. SOUTH SUITE 204
City-State-Zip:	TALLAHASSEE FL 32312

Title	VICE-PRESIDENT
Name	BLAKE, ROBERT STEPHEN
Address	3606 MACLAY BLVD. SOUTH SUITE 204
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR, EXECUTIVE VICE PRESIDENT
Name	HUNT, JOHN EDWIN JR.
Address	3606 MACLAY BLVD. SOUTH SUITE 204
City-State-Zip:	TALLAHASSEE FL 32312

Title	SR.-VICE PRESIDENT & SECRETARY
Name	VOLKERT, TAMARA
Address	3606 MACLAY BLVD., SOUTH SUITE 204
City-State-Zip:	TALLAHASSEE FL 32312

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: SCOTT P. HUNT PRESIDENT 02/18/2019

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