

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000091924

Entity Name: AG INSURANCE SERVICES, LLC

Current Principal Place of Business:

101 EDGEWATER DRIVE
SUITE 260
WAKEFIELD, MA 01880

Current Mailing Address:

101 EDGEWATER DRIVE
SUITE 260
WAKEFIELD, MA 01880

FEI Number: 27-3371606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ADVOCATOR GROUP HOLDING
COMPANY, INC.
Address 101 EDGEWATER DRIVE, STE. 260
City-State-Zip: WAKEFIELD MA 01880

Title MGR
Name BOONE, SAM RJR
Address 220 S RIDGEWOOD AVE
City-State-Zip: DAYTONA BEACH FL 32114

Title SECRETARY
Name GRAMMIG, LAUREL L.
Address 665 N. FRANKLIN ST., STE. 1900
City-State-Zip: TAMPA FL 33602

Title TREASURER
Name SOTHEN, RICHARD M.
Address 220 S. RIDGEWOOD AVENUE
City-State-Zip: DAYTONA BEACH FL 33602

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

SIGNATURE: LAUREL L. GRAMMIG

SECRETARY

04/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date