No. W 85348		Due no later than Jul 31, 2011		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to the second and the second second second	CT CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LAWYERS INSURANCE SERVICES, LLC PC AGENT GROUP INC 601 RIVERSIDE AVE			1111 W JEFFERSON STE 530 BOISE ID 83702			
				USA USA				
		JACKSONVILLE FL 32204		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	PC AGENT G	GROUP, INC.	601 RIVERSIDE AVE.	JACKSONVILLE	FL	USA	32204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 85348		Signature: Madeline Lovejoy			Date: 07/27/2011			
		Name (type or		Title: Avp & As				
Processed 07/27/2011 * Electronically provided signatures are accepted as original signatures.								