

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013368

Entity Name: E-TELEQUOTE INSURANCE LLC**Current Principal Place of Business:**1700 PENNSYLVANIA AVE NW
STE 560
WASHINGTON, DC 20006**Current Mailing Address:**1700 PENNSYLVANIA AVE NW
STE 560
WASHINGTON, DC 20006**FEI Number:** 20-2312336**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGR
Name	ASLAM, HASNAIN
Address	1700 PENNSYLVANIA AVE NW, STE 560
City-State-Zip:	WASHINGTON DC 20006

Title	CFO, DIRECTOR
Name	HUSAIN, ASGHAR
Address	1700 PENNSYLVANIA AVE NW STE 560
City-State-Zip:	WASHINGTON DC 20006

Title	DIRECTOR, PRESIDENT
Name	KEEN, SHUJA
Address	1700 PENNSYLVANIA AVE NW STE 560
City-State-Zip:	WASHINGTON DC 20006

Title	DIRECTOR
Name	KHAISGHI, MOHAMMED
Address	1700 PENNSYLVANIA AVE NW STE 560
City-State-Zip:	WASHINGTON DC 20006

Title	MEMBER
Name	TRG HOLDINGS LLC
Address	1700 PENNSYLVANIA AVE NW STE 560
City-State-Zip:	WASHINGTON DC 20006

Title	SECRETARY
Name	COSTELLO, PAT
Address	1700 PENNSYLVANIA AVE NW STE 560
City-State-Zip:	WASHINGTON DC 20006

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: PAT COSTELLO**SECRETARY****04/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date