

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000539

Entity Name: INSUREONE INDEPENDENT INSURANCE AGENCY, LLC

Current Principal Place of Business:

4450 SOJOURN DRIVE, STE 500
ADDISON, TX 75001

Current Mailing Address:

4450 SOJOURN DRIVE, STE 500
ADDISON, TX 75001 US

FEI Number: 36-4485332

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 MGR
Name FISHER, JOSEPH G
Address 4450 SOJOURN DRIVE, STE 500
City-State-Zip: ADDISON TX 75001

Title MGR
Name MCCLURE, MICHAEL J
Address 4450 SOJOURN DRIVE, STE 500
City-State-Zip: ADDISON TX 75001

Title MGR
Name BONDI, ROBERT A
Address 4450 SOJOURN DRIVE, STE 500
City-State-Zip: ADDISON TX 75001

Title ASST. SECRETARY
Name KILLACKY, JOHN P
Address 4450 SOJOURN DRIVE, STE 500
City-State-Zip: ADDISON TX 75001

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: JOHN P. KILLACKY

ASSISTANT SECRETARY 04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date