

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000539

Entity Name: INSUREONE INDEPENDENT INSURANCE AGENCY, LLC**Current Principal Place of Business:**6500 INTERNATIONAL PARKWAY
SUITE 1500
PLANO, TX 75093**Current Mailing Address:**7711 CENTER AVENUE
SUITE 200
HUNTINGTON BEACH, CA 92647 US**FEI Number:** 36-4485332**Certificate of Status Desired:** Yes**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	PRESIDENT
Name	BONDI, ROBERT A
Address	6500 INTERNATIONAL PARKWAY SUITE 1500
City-State-Zip:	PLANO TX 75093

Title	CEO
Name	RICO, VALERIA
Address	7711 CENTER AVENUE SUITE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647

Title	COO
Name	PHILLIPS, LEIGH ASHLEY
Address	6500 INTERNATIONAL PARKWAY SUITE 1500
City-State-Zip:	PLANO TX 75093

Title	CHIEF FINANCIAL OFFICER AND SECRETARY
Name	TREBING, ROBERT
Address	7711 CENTER AVENUE SUITE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647

Title	AUTHORIZED MEMBER
Name	CIGH SERVICES, INC.
Address	6500 INTERNATIONAL PARKWAY SUITE 1500
City-State-Zip:	PLANO TX 75093

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: ROBERT TREBING**SECRETARY****03/01/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date