

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000539

Entity Name: INSUREONE INDEPENDENT INSURANCE AGENCY, LLC**Current Principal Place of Business:**7711 CENTER AVENUE
STE 200
HUNTINGTON BEACH , CA 92647**Current Mailing Address:**7711 CENTER AVENUE
STE 200
HUNTINGTON BEACH , CA 92647 US**FEI Number:** 36-4485332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	SECRETARY	Title	INTERIM PRESIDENT, COO
Name	NEWMAN, CAROL R	Name	SORIANO, CESAR
Address	7711 CENTER AVENUE STE 200	Address	7711 CENTER AVENUE STE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647	City-State-Zip:	HUNTINGTON BEACH CA 92647
Title	CHIEF ADMINISTRATION OFFICER	Title	CHIEF SALES OFFICEER
Name	TEDFORD, CHRISTOPHER	Name	SILVERIA, DARRIN
Address	7711 CENTER AVENUE STE 200	Address	7711 CENTER AVENUE STE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647	City-State-Zip:	HUNTINGTON BEACH CA 92647
Title	MEMBER	Title	DIRECTOR, EXECUTIVE CHAIRMAN
Name	CONFIE SEGUROS HOLDING II CO.	Name	ROTHBERG, MARTIN
Address	7711 CENTER AVENUE STE 200	Address	7711 CENTER AVENUE STE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647	City-State-Zip:	HUNTINGTON BEACH CA 92647
Title	CFO, DIRECTOR	Title	VP - SALES - MIDWEST REGION
Name	KAPLAN, MICHAEL	Name	MEAGHER, ROBERT
Address	7711 CENTER AVENUE STE 200	Address	7711 CENTER AVENUE STE 200
City-State-Zip:	HUNTINGTON BEACH CA 92647	City-State-Zip:	HUNTINGTON BEACH CA 92647

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: CAROL R NEWMAN**SECRETARY****04/28/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date