

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000004447

Entity Name: INSURANCE FINANCE COMPANY, LLC

Current Principal Place of Business:

1454 30TH ST., SUITE 203
WEST DES MOINES, IA 50266

Current Mailing Address:

PO BOX 315
DES MOINES, IA 50306

FEI Number: 46-4684458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDRUS, DENNIS
913 GULF BREEZE PKWY
GULF BREEZE, FL 32561 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 CEO
Name WALLER, BRIAN
Address 1454 30TH ST., SUITE 203
City-State-Zip: WEST DES MOINES IA 50266

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: BRIAN WALLER

CEO

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date