**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 27, 2013**
**Secretary of State**
**CC7878967304**

DOCUMENT# L06000089094

**Entity Name:** AFFLUENT INSURANCE PROGRAM, LLC

**Current Principal Place of Business:**

340 ROYAL POINCIANA WAY
SUITE 305
PALM BEACH, FL 33480

**Current Mailing Address:**

500 W. BROWN DEER ROAD, SUITE 101
MILWAUKEE, WI 53217 US

**FEI Number: 87-0782170**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: GINA MULLIGAN, SPECIAL MANAGER 03/27/2013

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGRM | Title | MANAGING MEMBER |
| Name | GENDELMAN, BRUCE P | Name | GENDELMAN, JOSEPH |
| Address | C/O 340 ROYAL POINCIANA WAY, SUITE 305 | Address | 340 ROYAL POINCIANA WAY SUITE 305 |
| City-State-Zip: | PALM BEACH FL 33480 | City-State-Zip: | PALM BEACH FL 33480 |

*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: BRUCE P GENDELMAN, GMM MGRM 03/27/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date