No. **W 114095**	**Due no later than May 31, 2013** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** INDEPENDENCE INSURANCE GROUP, LLC GREGORY L LAKE 4201 S RAINTREE DR NAMPA ID 83686	GREGORY L LAKE 4201 S RAINTREE DR NAMPA ID 83686 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	VICTORIA R LAKE	4201 S RAINTREE DR.	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 114095**	Signature: Gregory L. Lake	Date: 03/16/2013
	Name (type or print): Gregory L. Lake	Title: Manager

Processed 03/16/2013

* Electronically provided signatures are accepted as original signatures.