No. W 119924			Due no later than Dec 31, 2013	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. GUARANTEED RATE INSURANCE, LLC 3640 NORTH RAVENSWOOD SUITE B CHICAGO IL 60613 CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New Registered Agent Signature:*					
NO FILING RECEIVED BY I 4. Limited Liability Com	DUE DATE	ames and Addre	sses of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	ANDREW I	ROYCE	3640 NORTH RAVENSWOOD SUITE B	CHICAGO	IL	USA	60613
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IL W 119924		Signature:	Andrew Royce	Date: 12/23/2013			
		Name (type	e or print): Andrew Royce	Title: Manager			
Processed 12/23/2013		* Electronically	provided signatures are accepted as original sign	natures.			