No. C 177669		Due no later than Mar 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. INSURANCE OFFICE OF AMERICA, INC. CHRISTY A CALDWELL 1855 W SR 434 LONGWOOD FL 32750		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				12550 W EXP BOISE ID 83				
2000 000 000		ess Addresses o	of President, Secretary, and Directors. Treasu					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JEFF LAGOS		1855 WEST SR 434	LONGWOOD	FL	USA	32750	
DIRECTOR HEATH RITE		NOUR	1855 WEST SR 434	LONGWOOD	FL	USA	32750	
DIRECTOR JOHN K RIT		ENOUR	1855 WEST SR 434	LONGWOOD	FL	USA	32750	
TREASURER THOMAS ME		YERS	1855 WEST SR 434	LONGWOOD	FL	USA	32750	
SECRETARY	JOHN WICK		1855 W SR 434	LONGWOOD	FL	USA	32750	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
FL C 177669		Signature:		Date: 02/14/2017				
		Name (type	or print): Thomas Meyers		Title: Treasurer			
Processed 02/14/2017		* Electronically	provided signatures are accepted as original	signatures.				