

No. W 64553		Due no later than Jul 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. AFFLUENT INSURANCE PROGRAM, LLC BRUCE P GENDELMAN 340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH FL 33480 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA	
				3. <u>New</u> 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
MANAGER	BRUCE P GENDELMAN	340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH	FL	USA	33480
5. Organized Under the Laws of: FL W 64553		6. Annual Report must be signed.* Signature: Bruce Gendelman Name (type or print): Bruce Gendelman Date: 08/24/2009 Title: Manager			
Processed 08/24/2009		* Electronically provided signatures are accepted as original signatures.			