

No. W 140041		Due no later than Jul 31, 2015		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. COVERAGE ONE INSURANCE GROUP, LLC DAVID ETINGER 6601 NW 14TH ST #11 PLANTATION FL 33313		DIRECTOR BILL DEAL IDAHO DEPARTMENT OF INSURANCE 700 W STATE ST FL 3 BOISE ID 83702	
				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
MEMBER	DAVID ETINGER	6601 NW 14 ST #11	PLANTATION	FL	USA 33313
5. Organized Under the Laws of: FL W 140041		6. Annual Report must be signed.* Signature: David Etnger Name (type or print): David Etnger Date: 07/21/2015 Title: managing member			
Processed 07/21/2015		* Electronically provided signatures are accepted as original signatures.			