No. <b>W 114095</b>		Due no later than May 31, 2015		2. I	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			GREGORY L LAKE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  INDEPENDENCE INSURANCE GROUP, LLC GREGORY L LAKE 4201 S RAINTREE DR NAMPA ID 83686			4201 S RAINTREE DR NAMPA 83686  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Limited Liability Companie	s: Enter Nar	mes and Addresses	of at least one Member or Manager.						
Office Held	Name		Street or PO Address	Ci	ity	State	Country	Postal Code	
MEMBER V	/ICTORIA R	LAKE	4201 S RAINTREE DR.	N	AMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Gregory Lake			Date: 03/25/2015				
W 114095		Name (type or print): Gregory Lake			Title: Manger				
Processed 03/25/2015 * Electronically provided signatures are accepted as original signatures.									