No. C 206819			2. Registered Agent and Address (NO PO BOX)			
Return to:		ıal Report Form	DEAN L CAMERON DIRECTOR IDAHO DEPARTMENT			O DEPARTMENT
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 1. Mailing Address SQUAREMOUTH, INC 100 2ND AVENUE S SUITE 1200 ST PETERSBURG FL			OF INSURANCE 700 W STATE FL 3 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY AIDAN HARVEY PRESIDENT CHRISTOPHER HARVEY PRESIDENT MATTHEW OUTTEN		100 2ND AVENUE S SUITE 1200 100 2ND AVENUE S SUITE 1200 100 2ND AVENUE S SUITE 1200	ST PETERSBURG ST PETERSBURG ST PETERSBURG	FL	USA	33701 33701 33701
5. Organized Under the Laws of: 6. Annual Report must b		pe signed.*				
FL.	FL Signature: AIDAN HARVEY		Date: 06/21/2016			
C 206819	Name (type or print): AIDAN HARVEY		Title: COMPLIANCE MANAGER			
Processed 06/21/2016	* Electronically provided signatures are accepted as original signatures.					