

No. C 198593		Due no later than May 31, 2014		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. ALL INSURANCE UNDERWRITERS, INC. KEVIN LICCIARDELLO 2600 SUMERIAN DR STE 101 LAND O LAKES FL 34638		BILL DEAL IDAHO DEPARTMENT OF INSURANCE 700 W STATE ST 3RD FL BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
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	
PRESIDENT	KEVIN LICCIARDELLO	2600 SUMERIAN DR STE 101	LAND O LAKES	FL	USA	34638	
SECRETARY	ROY J SCHLEMAN JR	2600 SUMERIAN DR STE 101	LAND O LAKES	FL	USA	34638	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
FL		Signature: Kevin Licciardello				Date: 03/25/2014	
C 198593		Name (type or print): Kevin Licciardello				Title: President	
Processed 03/25/2014		* Electronically provided signatures are accepted as original signatures.					