

No. W 64553		Due no later than Jul 31, 2016		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 340 ROYAL POINCIANA WAY 305 PALM BEACH FL 33480		CORPORATE CREATIONS NETWORK IN 950 W BANNOCK ST #1100 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
MANAGER	BRUCE P. GENDELMAN	340 ROYAL POINCIANA WAY SUITE 305	PALM BEACH	FL	USA	33480
MEMBER	JOSEPH 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: Donna Harrison Name (type or print): Donna Harrison Date: 05/25/2016 Title: Special Manager				
Processed 05/25/2016		* Electronically provided signatures are accepted as original signatures.				