

No. C 191491	Due no later than Jun 30, 2018 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. US ASSURE INSURANCE SERVICES OF FLORIDA, INC. 8230 NATIONS WAY JACKSONVILLE FL 32256		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
			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
DIRECTOR	M. ALAN FERGUSON	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
DIRECTOR	CHRISTOPHER F EMANS	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
DIRECTOR	THOMAS F PETWAY, IV	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
VICE PRESIDENT	M. ALAN FERGUSON	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
SECRETARY	CHRISTOPHER F EMANS	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
TREASURER	CHRISTOPHER F EMANS	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256-4434
PRESIDENT	THOMAS F PETWAY IV	8230 NATIONS WAY	JACKSONVILLE	FL	USA	32256
5. Organized Under the Laws of: FL C 191491		6. Annual Report must be signed.* Signature: Christopher F. Emans Name (type or print): Christopher F. Emans		Date: 06/15/2018 Title: Secretary		
Processed 06/15/2018		* Electronically provided signatures are accepted as original signatures.				