

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216513152						
1.) CORPORATION NAME: <b>InsuranceZebra, Inc.</b>		DUE DATE: <b>4/30/2016</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>C T CORPORATION SYSTEM 4701 COX ROAD SUITE 285  GLEN ALLEN, VA</b>		SCC ID NO: <b>F1958901</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>19,000,000</td> </tr> <tr> <td>PREFER</td> <td>8,370,326</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	19,000,000	PREFER	8,370,326
CLASS	AUTHORIZED							
COMMON	19,000,000							
PREFER	8,370,326							
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>								
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">           ADDRESS: 301 Chicon Street Suite A             CITY/ST/ZIP: Austin, TX 78702         </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
NAME: ADAM LYONS TITLE: PRES/CEO ADDRESS: 301 CHICON STREET SUITE A CITY/ST/ZIP/CO: AUSTIN, TX 78702		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.								
/s/ ADAM LYONS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ADAM LYONS, PRES/CEO PRINTED NAME AND CORPORATE TITLE	4/8/2016 DATE						
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.								