

No. W 115721		Due no later than Jul 31, 2018		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. AMERICAN INSURANCE ADMINISTRATORS, LLC HEATHER CRANFORD 2650 MCCORMICK DR STE 301L CLEARWATER FL 33759		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				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	AL TPA, LLC	2650 MCCORMICK DR.	CLEARWATER	FL	USA 33759
5. Organized Under the Laws of: DE W 115721		6. Annual Report must be signed.* Signature: GIDEON MOORE Name (type or print): GIDEON MOORE Date: 05/22/2018 Title: SECRETARY AL TPA, LLC			
Processed 05/22/2018		* Electronically provided signatures are accepted as original signatures.			