No. W 22363		Due no later than Jan 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				PARACORP INCORPORATED			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. INSURANCE ADMINISTRATIVE SOLUTIONS, L.L.C. DARCEY J SHAFFER 17757 US HWY 19 N		921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE		STE 660 CLEARWATER FL 33764		3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nar	nes and Addresses of a	t least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	DELOS H YANCEY, III		210 E. SECOND AVENUE STE 301	ROME	GA	USA	30161
MEMBER	GULFCOAST L.L.C.	ADMINISTRATORS,	210 E. SECOND AVENUE STE 301	ROME	GA	USA	30161
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
FL W 22363		Signature: Darcey J. Shaffer		Date: 12/02/2015			
		Name (type or print): Darcey J. Shaffer		Title: Director, Corporate Relations			
Processed 12/02/2015 * Electronically provided signatures are accepted as original signatures.							