No. C 180097		Due no later than Sep 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. QDM INSURANCE AGENCY, INC. SARA J SCHRAUBEN ONE TOWNE SQ STE 1470 SOUTHFIELD MI 48076-3725 USA		Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705-4807 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE							
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	ALAN J RABIN		ONE TOWNE SQUARE SUITE 1470	SOUTHFIELD	MI	USA	48076-3725
DIRECTOR	ALISTER D CAMPBELL		ONE TOWNE SQUARE SUITE 1470	SOUTHFIELD	MI	USA	48076-3725
DIRECTOR	STEPHEN C RUSCHAK		ONE TOWNE SQUARE SUITE 1470	SOUTHFIELD	MI	USA	48076-3725
TREASURER SARA J SCHR		HRAUBEN	ONE TOWNE SQUARE SUITE 1470	SOUTHFIELD	MI	USA	48076-3725
SECRETARY SARA J SCHRAUBEN		ONE TOWNE SQUARE SUITE 1470	SOUTHFIELD	MI	USA	48076-3725	
PRESIDENT	STEPHEN C	RUSCHAK	ONE TOWNE SQUARE SUITE 1470	SOUTHFIELD	MI	USA	48076-3725
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
мі		Signature: Sara J. Schrauben		Date: 09/20/2016			
C 180097		Name (type or print): Sara J. Schrauben		Title: Secretary/Treasurer			
Processed 09/20/2016 * Electronically provided signatures are accepted as original signatures.							