

No. C 192160		Due no later than Aug 31, 2015 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. ALTERIS INSURANCE SERVICES, INC. DEBBIE BAUMANN P.O. BOX 469011 SAN ANTONIO TX 78246 USA		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705-9524			
				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	
PRESIDENT	PAUL R FULLER	1901 W. KETTLEMAN LANE SUITE 103	LODI	CA	USA	95242	
DIRECTOR	PAUL R FULLER	1901 W. KETTLEMAN LANE SUITE 103	LODI	CA	USA	95242	
DIRECTOR	CRAIG S. COMEAUX	175 E. HOUSTON ST STE 1300	SAN ANTONIO	TX	USA	78205	
SECRETARY	CRAIG S COMEAUX	175 E HOUSTON ST, STE 1300	SAN ANTONIO	TX	USA	78205	
DIRECTOR	ALAN L WYNN	225 W. WASHINGTON ST 24TH FL	CHICAGO	IL	USA	60606	
5. Organized Under the Laws of: MA C 192160		6. Annual Report must be signed.* Signature: Debbie Baumann Name (type or print): Debbie Baumann Date: 08/04/2015 Title: Compliance Assistant					
Processed 08/04/2015		* Electronically provided signatures are accepted as original signatures.					