

No. W 47139		Due no later than Feb 28, 2014		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. TRIDENT INSURANCE SERVICES, L.L.C. MICHELE S HENSLEE P.O. BOX 469011 SAN ANTONIO TX 78246 USA		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA	
				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	CRAIG S COMEAUX	175 E. HOUSTON ST, STE 1300	SAN ANTONIO	TX	USA 78205
5. Organized Under the Laws of: TX W 47139		6. Annual Report must be signed.* Signature: Michele Henslee Name (type or print): Michele Henslee Date: 12/17/2013 Title: Authorized Employee			
Processed 12/17/2013		* Electronically provided signatures are accepted as original signatures.			