No. <b>C 188708</b>		Due no later than Oct 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  FISHER BROWN BOTTRELL INSURANCE, INC. 248 E. CAPITOL ST STE 420 JACKSON MS 39201		2. Registered A	Registered Agent and Address (NO PO BOX)  CORPORATION SERVICE COMPANY     12550 W EXPLORER DR STE 100     BOISE ID 83713  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				12550 W EXI BOISE ID 8				
4. Corporations: Enter Nam	nes and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	JONATHAN ROGERS		248 E. CAPITOL ST STE 420	JACKSON	MS	USA	39201	
PRESIDENT	C. SCOTT \	WOODS II	248 E. CAPITOL ST STE 420	JACKSON	MS	USA	39201	
SECRETARY	<b>GRANVILLE</b>	TATE, JR.	248 E. CAPITOL ST STE 420	JACKSON	MS	USA	39201	
DIRECTOR	JONATHAN I	ROGERS	248 E. CAPITOL ST STE 420	JACKSON	MS	USA	39201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
MS		Signature: GRANVILLE TATE JR.			Date: 09/19/2017			
C 188708		Name (type or print): GRANVILLE TATE JR.			Title: SECRETARY			
Processed 09/19/2017		* Electronically pr	rovided signatures are accepted as original s	signatures.				