

No. <b>W 130849</b>		<b>Due no later than Nov 30, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  AMERIFAMILY INSURANCE LLC LINDA FOX 8400W 110TH ST STE 220 OVERLAND PARK KS 66210		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 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
MEMBER	JAMES SWEENEY	8400 W 110TH ST, SUITE 220	OVERLAND PARK	KS	USA 66210
5. Organized Under the Laws of:  <b>UT W 130849</b>		6. Annual Report must be signed.* Signature: Venae Jewett Name (type or print): Venae Jewett Date: 09/18/2014 Title: Chief Operating Officer			
Processed 09/18/2014		* Electronically provided signatures are accepted as original signatures.			