No. W 145383		Due no later than Dec 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		INCORP SER	INCORP SERVICES, INC.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EYDENT INSURANCE SERVICES LLC 8200 E 32ND STREET NORTH WICHITA KS 67226		1310 S VISTA AVE STE 27 BOISE ID 83705 3. New Registered Agent Signature:*				
NO FILING RECEIVED BY D	DUE DATE	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name	ines and radicesses of a	Street or PO Address	City	State	Country	Postal Code	
MANAGER	THE IMA FINANCIAL GROUP, INC.		8200 E. 32ND STREET NORTH	WICHITA	KS	USA	67226	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
KS W 145383		Signature: Michael D Lynch			Date: 12/30/2016			
		Name (type or print)		Title: Treasurer				
Processed 12/30/2016		* Electronically provided	d signatures are accepted as original s	signatures.				