

No. <b>W 90396</b>	<b>Due no later than Feb 28, 2017</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> TZ INSURANCE SOLUTIONS LLC LARRY LUNDGREN 2200 FLETCHER AVE 4TH FLOOR FORT LEE NJ 07024		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
			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	DAVID GRAF	2200 FLETCHER AVENUE 4TH AVE	FORT LEE	NJ	USA	07024
5. Organized Under the Laws of:  <b>DE W 90396</b>	6. Annual Report must be signed.* Signature: Larry Lundgren Name (type or print): Larry Lundgren		Date: 02/25/2017 Title: VP			
Processed 02/25/2017		* Electronically provided signatures are accepted as original signatures.				