

No. C 178909	Due no later than Jun 30, 2016 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. U. S. INSURANCE SERVICES, INC. STEPHEN RIES THREE BALA PLAZA EAST 300 BALA CYNWYD PA 19004		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705				
			3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	STEPHEN W RIES	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
PRESIDENT	VALLEY M OWENS	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
TREASURER	THOMAS M MCGEEHAN	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
DIRECTOR	CYNTHIA Y VALKO	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
DIRECTOR	THOMAS M MCGEEHAN	8130 BAYMEADOWS WAY WEST SUITE 302	JACKSONVILLE	FL	USA	32256	
5. Organized Under the Laws of: FL C 178909		6. Annual Report must be signed.* Signature: Stephen W. Ries Name (type or print): Stephen W. Ries			Date: 08/02/2016 Title: Secretary		
Processed 08/02/2016		* Electronically provided signatures are accepted as original signatures.					