No. W 49652		Due no later than Apr 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		921 S ORCHARD ST STE G			
		MULLIN TBG INSURANCE AGENCY SERVICES, LLC 100 NORTH SEPULVEDA BLVD. SUITE 500 EL SEGUNDO CA 90245		BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	TBG INSURANCE SERVICES CORPORATION		100 NORTH SEPULVEDA BLVD. SUIT 500	EL SEGUNDO	CA	USA	90245
MEMBER	MC INSURANCE AGENCY SERVICES, LLC		100 NORTH SEPULVEDA BLVD. SUIT 500	EL SEGUNDO	CA	USA	90245
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 49652		Signature: Mandeline	Date: 03/23/2016				
		Name (type or print):		Title: POA			
Processed 03/23/2016 * Electronically provided signatures are accepted as original signatures.							