

No. C 195332	Due no later than Jul 31, 2017 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. ASSOCIATED INSURANCE MANAGEMENT, INC. FRAN MARINACCIO 1300 SPRING ST STE 300 SILVER SPRING MD 20910		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
TREASURER	BERNARD MARCEL	1300 SPRING ST STE 300	SILVER SPRING	MD	USA	20910
VICE PRESIDENT	LEONARD MARINACCIO	1300 SPRING ST STE 300	SILVER SPRING	MD	USA	20910
PRESIDENT	JOHN J SCOTT	1300 SPRING ST STE 300	SILVER SPRING	MD	USA	20910
SECRETARY	MARVIN LEVINE	1300 SPRING ST STE 300	SILVER SPRING	MD	USA	20910
5. Organized Under the Laws of: MD C 195332	6. Annual Report must be signed.* Signature: JOHN SCOTT Name (type or print): JOHN SCOTT		Date: 06/30/2017 Title: PRESIDENT			
Processed 06/30/2017		* Electronically provided signatures are accepted as original signatures.				