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|--|--------------------|--|-------------|---|---------|-----------------------------|--|
| No. W 47139 | | Due no later than Feb 29, 2016 | | 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. TRIDENT INSURANCE SERVICES, L.L.C. DEBBIE BAUMANN P.O. BOX 469011 SAN ANTONIO TX 78246 | | NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705-7820 | | | |
| | | | | 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 | CRAIG S COMEAUX | 175 E. HOUSTON ST, STE 1300 | SAN ANTONIO | TX | | 78205 | |
| MEMBER | RICHARD A ARTESSA | 175 E. HOUSTON ST, STE 1300 | SAN ANTONIO | TX | USA | 78205 | |
| MEMBER | RONALD M VINDIVICH | 8720 STONY POINT PKWY, STE 400 | RICHMOND | VA | USA | 23235 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| TX W 47139 | | Signature: Debbie Baumann | | | | Date: 02/11/2016 | |
| | | Name (type or print): Debbie Baumann | | | | Title: Compliance Assistant | |
| Processed 02/11/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |