No. **C 185400**	**Due no later than Dec 31, 2013** **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.** TAS INSURANCE GROUP, INC. TAD DEORIO 255 NW BLUE PARKWAY STE 102 LEES SUMMIT MO 64063 USA	NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New 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
PRESIDENT	TAD DEORIO	255 NW BLUE PARKWAY STE 102	LEES SUMMIT	MO	USA	64063
SECRETARY	CHARLES WEAR JR	255 NW BLUE PARKWAY STE 102	LEES SUMMIT	MO	USA	64063

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MO **C 185400**	Signature: Thomas G DeOrio	Date: 01/15/2014
	Name (type or print): Thomas G DeOrio	Title: President

Processed 01/15/2014

* Electronically provided signatures are accepted as original signatures.