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|--|------------------------|---|----------|--|---------|--------------------------|--|
| No. W 110157 | | Due no later than Jan 31, 2018 | | 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. ONEBEACON SERVICES, LLC KATHY C. RICKE 605 HIGHWAY 169 NORTH STE. 800 PLYMOUTH MN 55441 USA | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | | |
| | | | | 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 | |
| MEMBER | JOHN C. TREACY | 605 HIGHWAY 169 NORTH SUITE 800 | PLYMOUTH | MN | USA | 55441 | |
| MANAGER | TIMOTHY MICHAEL MILLER | 605 HIGHWAY 169 NORTH SUITE 800 | PLYMOUTH | MN | USA | 55441 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| DE W 110157 | | Signature: Kathy Ricke | | | | Date: 12/07/2017 | |
| | | Name (type or print): Kathy Ricke | | | | Title: Authorized Person | |
| Processed 12/07/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |