

No. C 134238		Due no later than Jun 30, 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRILEGIANT INSURANCE SERVICES, INC. ANGELA LEE 6 HIGH RIDGE PARK STAMFORD CT 06905 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				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
SECRETARY	BRIAN FISHER	6 HIGH RIDGE PARK	STAMFORD	CT	USA	06905
PRESIDENT	TODD SIEGEL	6 HIGH RIDGE PARK	STAMFORD	CT	USA	06905
TREASURER	FREDRICK ROBERTSON	6 HIGH RIDGE PARK	STAMFORD	CT	USA	06905
5. Organized Under the Laws of: DE C 134238		6. Annual Report must be signed.* Signature: Fredrick Robertson Name (type or print): Fredrick Robertson				
		Date: 07/23/2018 Title: GVP & Treasurer				
Processed 07/23/2018		* Electronically provided signatures are accepted as original signatures.				