No. W 145383		Due no later than Dec 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address EYDENT INSURANCE 8200 E 32ND STREE	Annual Report Form 1. Mailing Address: Correct in this box if needed. EYDENT INSURANCE SERVICES LLC 8200 E 32ND STREET NORTH WICHITA KS 67226		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addresses of a			_			
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER THE IMA FINANCIAL GROUP, INC. 8200 E. 32ND STREET NORTH WICHITA KS USA 67226						67226	
5. Organized Under the Laws of:	nder the Laws of: 6. Annual Report must be signed.*						
KS	Signature: MICHAE	Signature: MICHAEL D LYNCH		Date: 12/23/2015			
W 145383	Name (type or print	Name (type or print): MICHAEL D LYNCH		Title: TREASURER			
Processed 12/23/2015	* Electronically provide	* Electronically provided signatures are accepted as original signatures.					