No. <b>W 93833</b>		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MINICO INSURANCE AGENCY, LLC C/O 3H CORPORATE SERVICES LLC 6 CLEMENT AVE SARATOGA SPRINGS NY 12866		UNITED CORPORATE SERVICES, INC 1215 W HAYS BOISE ID 83702  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
4. Limited Liability Cor	mpanies: Enter Nar	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	MICHAEL SC	CHOFIELD	10851 N BLACK CANYON HWY SUITE 200	PHOENIX	AZ	USA	85029
MANAGER	TIMOTHY M	KENNY	119 N PARK AVENUE 4TH FLOOR	ROCKVILLE CENTRE	NY	USA	11570
MANAGER	JOHN C LAC	CAVA	119 N PARK AVENUE 4TH FLOOR	ROCKVILLE CENTRE	NY	USA	11570
MANAGER	SCOTT W EASTLAND		10851 N BLACK CANYON HWY SUITE 200	PHOENIX	AZ	USA	85021
5. Organized Under the Laws of: 6. Annual Report mus		be signed.*					
AZ W 93833		Signature: Mary E Schick		Date: 05/20/2016			
		Name (type or print)	Title: CFO				
Processed 05/20/2016	5	* Electronically provided	signatures are accepted as original sign	atures.			