| No. <b>C 211489</b>  |  | Due no later than Oct 31, 2017 Annual Report Form  |  | Registered Agent and Address (NO PO BOX)  IDAHO DOI DIRECTOR, DEAN L CAM     700 W STATE ST 3RD FL     BOISE ID 83702  3. New Registered Agent Signature:* |                       |                     |                         |
|--|--|--|--|--|-----------------------|---------------------|-------------------------|
| Return to:   |  |  |  |  |                       |                     |                         |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |  | 1. Mailing Address: Correct in this box if needed.  J.W. COLE INSURANCE SERVICES, INC. 4301 ANCHOR PLAZA PKWY STE 450  TAMPA FL 33634  USA |  |  |                       |                     |                         |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  | 05A  |  |  | ior ou 7 igonic o     | g. 14 ta. 61        |                         |
| 4. Corporations: Enter Nar   | nes and Busin                          | ess Addresses of P   | resident, Secretary, and Directors. Treasurer  | (optional).  |                       |                     |                         |
| Office Held  | Name                                   |  | Street or PO Address   | City   | State                 | Country             | Postal Code             |
| DIRECTOR<br>SECRETARY<br>PRESIDENT   | ROBERT J V<br>ROBERT J V<br>ROBERT J V | VOOD   | 4301 ANCHOR PLAZA PARKWAY<br>4301 ANCHOR PLAZA PARKWAY<br>4301 ANCHOR PLAZA PKWY STE 450 | TAMPA<br>TAMPA<br>TAMPA  | FL<br>FL<br>FL        | USA<br>USA<br>USA   | 33634<br>33634<br>33634 |
| 5. Organized Under the Laws of:  FL C 211489   |  | 6. Annual Report<br>Signature: Rob<br>Name (type or  |  |  | Date: 08<br>Title: Pr | /24/2017<br>esident |                         |
| Processed 08/24/2017 * Electronically provided signatures are accepted as original signatures. |  |  |  |  |                       |                     |                         |