No. W 96061		Due no later than Aug 31, 2011			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.							
		CONOVER INSURANCE SERVICES, LLC TIFFINY J SANDQUIST PO BOX 3299			USA				
		KIRKLAND WA 98033			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Companies: 8	Enter Nai	mes and Addresses	of at least one Member or Manager.						
Office Held Nam	ne		Street or PO Address		City	State	Country	Postal Code	
MANAGER CONOVER II		NSURANCE INC	PO BOX 3299		KIRKLAND	WA	USA	98033	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
DE W 96061		Signature: Tiffiny Sandquist			Date: 07/27/2011				
		Name (type or print): Tiffiny Sandquist			Title: Licensing Coordinator				
Processed 07/27/2011	rocessed 07/27/2011 * Electronically provided signatures are accepted as original signatures.								