No. W 52356		Due no later than Jul 31, 2016		2. Registered Ag	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		TO A STATE OF THE PARTY OF THE	C T CORPORATION SYSTEM			
		1. Mailing Address: Correct in this box if needed. STEPHENS INSURANCE, LLC KATHY BRYANT 111 CENTER ST LITTLE ROCK AR 72201		921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KATHY BRYA		111 CENTER STREET	LITTLE ROCK	AR	USA	72201	
MANAGER	STEPHENS INVESTMENT HOLDINGS LLC		111 CENTER STREET	LITTLE ROCK	AR	USA	72201	
MANAGER	WARREN A	STEPHENS	111 CENTER STREET	LITTLE ROCK	AR	USA	72201	
MANAGER	CURTIS BRA	NDBURY	111 CENTER STREET	LITTLE ROCK	AR	USA	72201	
5. Organized Under the Laws of: 6.		6. Annual Report must b						
AR		Signature: KATHY BR		Date: 07/07/2016				
W 52356		Name (type or print):		Title: MANAGER				
Processed 07/07/2016 * Electronically provided signatures are accepted as original signatures.								