No. W 139012	Due no later than Jun 30, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	C T CORPORATION SYSTEM			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	FLEETMATICS INSURANCE SERVICES, LLC 31500 BAINBRIDGE ROAD SUITE 1	3. New Registered Agent Signature:*			
	SOLON OH 44139				
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
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 PAUL L. MA	TTIOLA ONE VERIZON WAY	BASKING RIDGE	NJ	USA	07920
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ОН	Signature: Kelly Lettmann	Date: 05/24/2017			
W 139012	Name (type or print): Kelly Lettmann	Title: POA			
Processed 05/24/2017	* Electronically provided signatures are accepted as original signatures.				