No. C 153285		Due	2. Registered Agent and Address (NO PO BOX)					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		<u> </u>	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
		CHICAGO LAWYERS INSURANCE SERVICES, INC. C/O MADELINE LOVEJOY 2510 N. REDHILL AVE. SANTA ANA CA 92705						
4. Corporations: Enter Name	s and Busine	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY N	ROGER S. JEWKES MICHAEL L GRAVELLE RAYMOND R QUIRK		3916 STATE STREET SUITE 100 601 RIVERSIDE AVE. 601 RIVERSIDE AVE.)	SANTA BARBARA JACKSONVILLE JACKSONVILLE	CA FL FL	USA USA USA	93105 32204 32204
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
CA C 153285		Signature: Madeline Lovejoy			Date: 01/08/2014			
		Name (type or print): Madeline Lovejoy			Title: Avp And As			
Processed 01/08/2014	* Electronically provided signatures are accepted as original signatures.							