No. <b>C 188107</b>		ue no later than Aug 31, 2016	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  GUARANTY CALIFORNIA INSURANCE SERVICES, INC. LYNN D DOCKINS  2301 W PLANO PARKWAY STE 108 PLANO TX 75075-8417		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GUARANTY ( LYNN D DO 2301 W PLA						
NO FILING FEE IF RECEIVED BY DUE DATE	<u> </u>						
4. Corporations: Enter Names ar	nd Business Addresses o	of President, Secretary, and Directors. Treasurer	(optional).				
Office Held Name	е	Street or PO Address	City	State	Country	Postal Code	
	ALD D BURCHAM	8500 STOCKDALE HWY, STE 200	BAKERSFIELD	CA	USA	93311	
	AEL F ROSS	2301 W. PLANO PARKWAY, STE 108	PLANO	TX	USA	75075-8417	
	ARD L YOUNG I G HESTER	2301 W. PLANO PARKWAY, STE 108 2301 W. PLANO PARKWAY, STE 108	Plano Plano	TX TX	USA USA	75075-8417 75075-8417	
	AEL F ROSS	2301 W. PLANO PARKWAY, STE 108	PLANO	TX	USA	75075-8417	
5. Organized Under the Laws of	: 6. Annual Repo	ort must be signed.*					
CA	Signature: L	Signature: Lynn dockins		Date: 07/11/2016			
C 188107	Name (type	Name (type or print): Lynn dockins		Title: Licensing Spec.			
Processed 07/11/2016	* Electronically provided signatures are accepted as original signatures.						