

No. C 183136		Due no later than May 31, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. RAMKADE INSURANCE SERVICES, INC. 21550 OXNARD STREET, SUITE 500 WOODLAND HILLS CA 91367 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	BRIAN WINIKOFF	21550 OXNARD STREET, SUITE 500	WOODLAND HILLS	CA	USA	91367
SECRETARY	TAMMY J. STRINGER	21550 OXNARD STREET, SUITE 500	WOODLAND HILLS	CA	USA	91367
TREASURER	DOUGLAS GARNER	21550 OXNARD STREET, SUITE 500	WOODLAND HILLS	CA	USA	91367
DIRECTOR	JOHN HOWARD	21550 OXNARD STREET, SUITE 500	WOODLAND HILLS	CA	USA	91367
DIRECTOR	DAVID M. PRUETT	21550 OXNARD STREET, SUITE 500	WOODLAND HILLS	CA	USA	91367
DIRECTOR	H. WADE REECE	21550 OXNARD STREET, SUITE 500	WOODLAND HILLS	CA	USA	91367
DIRECTOR	ANDREA LYNN HOLDER	21550 OXNARD STREET, SUITE 500	WOODLAND HILLS	CA	USA	91367
5. Organized Under the Laws of: CA C 183136		6. Annual Report must be signed.* Signature: TRACI HOUCK Name (type or print): TRACI HOUCK Date: 04/21/2015 Title: POA				
Processed 04/21/2015		* Electronically provided signatures are accepted as original signatures.				