

No. <b>C 178909</b>		<b>Due no later than Jun 30, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
		<b>1. Mailing Address: Correct in this box if needed.</b> U. S. INSURANCE SERVICES, INC. 8130 BAYMEADOWS WAY WEST STE 302 JACKSONVILLE FL 32256		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	
DIRECTOR	RONALD R HALL	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
DIRECTOR	VALLEY M OWENS	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
SECRETARY	CHRISTINA B CAMA	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
PRESIDENT	VALLEY M OWENS	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
TREASURER	BEECH H TURNER	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
DIRECTOR	DYLAN P PLACE	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
5. Organized Under the Laws of:  <b>FL C 178909</b>		6. Annual Report must be signed.* Signature: Christina B Cama Name (type or print): Christina B Cama		Date: 05/30/2012 Title: Secretary			
Processed 05/30/2012		* Electronically provided signatures are accepted as original signatures.					