

No. W 70269	Due no later than Jan 31, 2017 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. PUBLIC RISK UNDERWRITERS INSURANCE SERVICES OF TEXAS, LLC 101 W RENNER RD SUITE 450 RICHARDSON TX 75082		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
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	ANTHONY T. STRIANESE	303 CORPORATE CENTER DRIVE SUITE 300	STOCKBRIDGE	GA	USA	30281
5. Organized Under the Laws of: TX W 70269	6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann		Date: 12/07/2016 Title: POA			
Processed 12/07/2016		* Electronically provided signatures are accepted as original signatures.				