No. **W 163487**	**Due no later than Mar 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.** SAFEGUARD INSURANCE LLC KRISTOPHER K DYE 5225 S DURANGO DR LAS VEGAS NV 89113	IDAHO DEPT OF INSURANCE DEAN L CAMERON 700 W STATE FL 3 BOISE ID 83702-8913 3. New 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
MEMBER	KRISTOPHER K DYE	5225 S DURANGO DR	LAS VEGAS	NV		89113

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
NV **W 163487**	Signature: Kristopher K Dye	Date: 03/13/2017
	Name (type or print): Kristopher K Dye	Title: Member

Processed 03/13/2017

* Electronically provided signatures are accepted as original signatures.