

No. C 186896		Due no later than Apr 30, 2013 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. HCC PUBLIC RISK CLAIM SERVICE, INC. DEBRA M GREEN 13403 NORTHWEST FREEWAY HOUSTON TX 77040 US		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA		
				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	CHRISTOPER JB WILLIAMS	13403 NORTHWEST FRWY	HOUSTON	TX	USA	77040
DIRECTOR	BRAD T IRICK	13403 NORTHWEST FRWY	HOUSTON	TX	USA	77040
TREASURER	JONATHAN LEE	13403 NORTHWEST FRWY	HOUSTON	TX	USA	77040
SECRETARY	RANDY D RINICELLA	13403 NORTHWEST FWY	HOUSTON	TX	USA	77040
PRESIDENT	DAVID P KENSLE	1700 OPDYKE CT	AUBURN HILLS	MI	USA	48326
5. Organized Under the Laws of: MI C 186896		6. Annual Report must be signed.* Signature: Randy D. Rinicella Name (type or print): Randy D. Rinicella Date: 04/02/2013 Title: Secretary				
Processed 04/02/2013		* Electronically provided signatures are accepted as original signatures.				