No. **W 137816**	**Due no later than May 31, 2016** **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.** TRANSPORTATION INSURANCE ADVISORS, LLC 463 MOUNTAIN VIEW DR 206 COLCHESTER VT 05446	NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 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	JOHN S LIGHT	321 CROOKED CREEK RD	COLCHESTER	VT	USA	05446

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 137816**	Signature: John S. Light Name (type or print): John S. Light	Date: 04/05/2016 Title: Member

Processed 04/05/2016

* Electronically provided signatures are accepted as original signatures.