

No. W 130849		Due no later than Nov 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. AMERIFAMILY INSURANCE LLC LINDA FOX 8400W 110TH ST STE 220 OVERLAND PARK KS 66210		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				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
MEMBER	JAMES SWEENEY	8400 W 110TH ST, SUITE 220	OVERLAND PARK	KS	USA 66210
5. Organized Under the Laws of: UT W 130849		6. Annual Report must be signed.* Signature: James Sweeney Name (type or print): James Sweeney Date: 09/28/2015 Title: member			
Processed 09/28/2015		* Electronically provided signatures are accepted as original signatures.			