No. <b>C 188272</b>	Due no later than Aug 31, 2016	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	CORPORATION SERVICE COMPANY				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	12550 W EXPLORER DR STE 100 BOISE ID 83713				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ASUREA WHOLESALE INSURANCE SERVICES, INC. 3010 LAVA RIDGE COURT SUITE 200					
	ROSEVILLE CA 95661	3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Bus	iness Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR BRIAN PO			CA	USA	95661	
SECRETARY BRIAN PO			CA	USA	95661	
PRESIDENT BRIAN PO	PE 3010 LAVA RIDGE COURT SUITE 200	ROSEVILLE	CA	USA	95661	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
CA	Signature: BRIAN POPE		Date: 07/29/2016			
C 188272	Name (type or print): BRIAN POPE	Title: SECRETARY				
Processed 07/29/2016 * Electronically provided signatures are accepted as original signatures.						