No. **W 13744**	**Due no later than Dec 31, 2016**	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.** RICE INSURANCE SERVICES COMPANY, LLC CINDY RICE GRISSOM 4211 NORBOURNE BLVD LOUISVILLE KY 40207	C T CORPORATION SYSTEM 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
MANAGER	CINDY RICE GRISSOM	4211 NORBOURNE AVE	LOUISVILLE	KY		40207

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
KY **W 13744**	Signature: CINDY RICE GRISSOM	Date: 10/27/2016
	Name (type or print): CINDY RICE GRISSOM	Title: CEO

Processed 10/27/2016

* Electronically provided signatures are accepted as original signatures.