No. <b>C 205219</b>		The second of the second secon		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  FGMK INSURANCE AGENCY, INC. 2801 LAKESIDE DR BANNOCKBURN IL 60015		THOMAS A DONOVAN, ID DEPT OF INSURANCE 700 W STATE ST FL 3 BOISE ID 83705  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ace Addraceae of Pracida	nt Secretary and Directors Tr	easurer (	ontional)			
Office Held	Name	ess riddi esses of i reside	Street or PO Address	cusurer (	City	State	Country	Postal Code
PRESIDENT SECRETARY	MARIO DONATO ROBERT P MINTZ		2801 LAKESIDE DR 2801 LAKESIDE DR		BANNOCKBURN BANNOCKBURN	IL IL		60015 60015
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IL.		Signature: Renee		Date: 04/27/2017				
C 205219		Name (type or print): Renee		Title: McGovern				
Processed 04/27/2017 * Electronically provided signatures are accepted as original signatures.								