

No. <b>W 87052</b>	<b>Due no later than Sep 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> AGGRESSIVE INSURANCE SERVICES, L.L.C. 7711 CENTER AVENUE SUITE 200 HUNTINGTON BEACH CA 92647		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
MANAGER	LAUREN MOORE	7711 CENTER AVENUE SUITE 200	HUNTINGTON BEACH	CA	USA	92647
MEMBER	CONFIE INSURANCE SERVICES, INC.	7711 CENTER AVENUE SUITE 200	HUNTINGTON BEACH	CA	USA	92647
5. Organized Under the Laws of:  <b>TX W 87052</b>	6. Annual Report must be signed.* Signature: CAROL R. NEWMAN Name (type or print): CAROL R. NEWMAN Date: 08/11/2017 Title: AUTHORIZED PERSON					
Processed 08/11/2017	* Electronically provided signatures are accepted as original signatures.					