

No. <b>W 166935</b>	<b>Due no later than May 31, 2018</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> CONVERGYS CMG INSURANCE SERVICES LLC JAY HOLLEY 250 W. MAIN STREET SUITE 2800 LEXINGTON KY 40507		IDAHO DOI DIRECTOR, DEAN L CAM 700 W STATE ST 3RD FL BOISE ID 83702			
			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	TAMMY ROHRER	201 E. 4TH STREET	CINCINNATI	OH	USA	45202
MEMBER	JAY HOLLEY	250 W. MAIN STREET SUITE 2800	LEXINGTON	KY	USA	40507
5. Organized Under the Laws of:  <b>OH W 166935</b>	6. Annual Report must be signed.* Signature: Jay Holley Name (type or print): Jay Holley		Date: 03/22/2018 Title: Member			
Processed 03/22/2018		* Electronically provided signatures are accepted as original signatures.				