

No. <b>W 110157</b>	<b>Due no later than Jan 31, 2016</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> ONEBEACON SERVICES, LLC KATHY C. RICKE 605 HIGHWAY 169 NORTH STE. 800 PLYMOUTH MN 55441 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
			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	MAUREEN A. PHILLIPS	605 HIGHWAY 169 NORTH SUITE 800	PLYMOUTH	MN	USA	55441
MANAGER	TIMOTHY MICHAEL MILLER	605 HIGHWAY 169 NORTH SUITE 800	PLYMOUTH	MN	USA	55441
5. Organized Under the Laws of:  <b>DE W 110157</b>	6. Annual Report must be signed.* Signature: Kathy Ricke Name (type or print): Kathy Ricke		Date: 12/31/2015 Title: Prod. Specialist			
Processed 12/31/2015		* Electronically provided signatures are accepted as original signatures.				