

No. C 165794		Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PROFESSIONAL SOLUTIONS INSURANCE SERVICES, INC. JACQUIE ANDERSON 14001 UNIVERSITY AVE CLIVE IA 50325 USA		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ROD WARREN	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	ROGER SCHLUETER	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	JON ROTH	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	ERIC MADCHARO	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	GREG COLE	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	JUDY BOHROFEN	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	BRUCE BEAL	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	PATRICK MCNERNEY	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
TREASURER	ROGER SCHLUETER	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
PRESIDENT	ROD WARREN	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
SECRETARY	JACQUIE ANDERSON	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	JACQUIE ANDERSON	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
5. Organized Under the Laws of: IA C 165794		6. Annual Report must be signed.* Signature: Jacquie Anderson Name (type or print): Jacquie Anderson					
		Date: 02/23/2015 Title: Secretary					
Processed 02/23/2015 * Electronically provided signatures are accepted as original signatures.							