No. **W 130849**	**Due no later than Nov 30, 2017** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** AMERIFAMILY INSURANCE LLC LINDA FOX 12722 S BLACKBOB OLATHE KS 66062	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New 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	JAMES SWEENEY	12722 S BLACKBOB	OLATHE	KS	USA	66062

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
UT **W 130849**	Signature: Venae Jewett	Date: 09/22/2017
	Name (type or print): Venae Jewett	Title: COO

Processed 09/22/2017

* Electronically provided signatures are accepted as original signatures.