No. W 112123		Du	2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. THOMPSON INSURANCE GROUP, LLC DAVID A THOMPSON 984 TIBBETTS WICK RD GIRARD OH 44420		12550 W EXPL BOISE ID 83	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
and the second s		mes and Addresse	es of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER MANAGER			2741 TIMBERLINE DR 4709 TALLMADGE RD	CORTLAND ROOTSTOWN	OH OH	USA USA	44410 44272
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
OH W 112123		Signature: Da		Date: 01/23/2017 Title: President			
		Name (type or print): David A. Thompson * Electronically provided signatures are accepted as original signatures.					
Processed 01/23/2017		Liecti offically p	rovided signatures are accepted as original	i signatures.			