

No. C 165794		Due no later than Mar 31, 2018 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. PROFESSIONAL SOLUTIONS INSURANCE SERVICES, INC. EMILY DRAKE 14001 UNIVERSITY AVE CLIVE IA 50325		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
						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	CINDY PEARCE-KARRICK	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	MIKE MCCOY	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
TREASURER	TOM RILEY	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	
SECRETARY	EMILY DRAKE	14001 UNIVERSITY AVE	CLIVE	IA	USA	50325	
DIRECTOR	MATT GUSTAFSON	14001 UNIVERSITY	CLIVE	IA	USA	50325	
5. Organized Under the Laws of: IA C 165794		6. Annual Report must be signed.* Signature: Emily Drake Name (type or print): Emily Drake Date: 01/23/2018 Title: Secretary					
Processed 01/23/2018		* Electronically provided signatures are accepted as original signatures.					