

No. <b>W 128241</b>		Due no later than Aug 31, 2016 <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> GALLAGHER VOLUNTARY BENEFITS, LLC TWO PIERCE PL ITASCA IL 60143		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				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
MEMBER	GALLAGHER	BENEFIT SERVICES, INC. TWO PIERCE PLACE	ITASCA	IL	USA 60143
5. Organized Under the Laws of:  <b>DE W 128241</b>		6. Annual Report must be signed.* Signature: LISA A. COYNE Name (type or print): LISA A. COYNE Date: 08/02/2016 Title: SECRETARY			
Processed 08/02/2016		* Electronically provided signatures are accepted as original signatures.			