No. <b>W 97504</b>		Due no later than Oct 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed. HIGHLAND INSURANCE SOLUTIONS LLC KATHLEEN HENDERSON ACCOUNTING 899 EL CENTRO STREET SOUTH PASADENA CA 91030-3101 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX)  BUSINESS FILINGS INCORPORATED  921 S ORCHARD ST STE G  BOISE 83705			
Return to:				BUSINESS FI				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE								
				3. <u>New</u> Registered Agent Signature:*				
1. Limited Liability (	Companies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	PATRICK M	BLANDFORD	899 EL CENTRO STREET	SOUTH PASADENA	CA	USA	91030-3101	
MANAGER	CARL L HERRMANN III		899 EL CENTRO STREET	SOUTH PASADENA	CA	USA	91030-3101	
F. Organized Unde	r the Laws of	6 Appual Banart r	nuct be signed *					
5. Organized Under the Laws of:  CA W 97504		6. Annual Report must be signed.*						
		Signature: Carl		Date: 10/14/2014				
		Name (type or print): Carl L. Herrmann III			Title: Manager			
Processed 10/14/2014		* Electronically provided signatures are accepted as original signatures.						