No. **C 205795**	**Due no later than May 31, 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.** BCS INSURANCE AGENCY, INC. 2 MID AMERICA PLAZA SUITE 200 OAKBROOK TERRACE IL 60181 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New 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
PRESIDENT	SCOTT BEACHAM	2 MID AMERICA PLAZA SUITE 200	OAKBROOK TERRACE	IL	USA	60181
SECRETARY	TERRY M. HACKETT	2 MID AMERICA PLAZA SUITE 200	OAKBROOK TERRACE	IL	USA	60181
DIRECTOR	SUSAN A. PICKAR	2 MID AMERICA PLAZA SUITE 200	OAKBROOK TERRACE	IL	USA	60181
DIRECTOR	TERRY M. HACKETT	2 MID AMERICA PLAZA SUITE 200	OAKBROOK TERRACE	IL	USA	60181
DIRECTOR	PETER COSTELLO	2 MID AMERICA PLAZA SUITE 200	OAKBROOK TERRACE	IL	USA	60181
DIRECTOR	SCOTT BEACHAM	2 MID AMERICA PLAZA SUITE 200	OAKBROOK TERRACE	IL	USA	60181
TREASURER	SUSAN A. PICKAR	2 MID AMERICA PLAZA SUITE 200	OAKBROOK TERRACE	IL	USA	60181

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IL **C 205795**	Signature: Kelly Lettmann	Date: 04/27/2017
	Name (type or print): Kelly Lettmann	Title: POA

Processed 04/27/2017

* Electronically provided signatures are accepted as original signatures.