No. <b>W 156835</b>	Due no later than Sep 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:	rn to: Annual Report Form		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  CRAWFORD CATASTROPHE SERVICES, LLC R ERIC POWERS III  1001 SUMMIT BLVD					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	ATLANTA GA 30319		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name	Stre	et or PO Address	City	State	Country	Postal Code
MANAGER R ERIC POWERS III 1001		I SUMMITT BLVD., NE	ATLANTA	GA	USA	30319
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
DE	Signature: R. Eric Powers III		Date: 09/06/2016			
W 156835	Name (type or print): R. Eric Powers III		Title: Manager			
Processed 09/06/2016 * Electronically provided signatures are accepted as original signatures.						