No. W 88244		Due no later than Nov 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. U.S. BANCORP INSURANCE SERVICES, LLC MELISSA LARSON BC-MN-H210 800 NICOLLET MALL MINNEAPOLIS MN 55402		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
4. Limited Liability Companie	es: Enter Nar	nes and Addresses	of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER MANAGER MANAGER	ANGELA O'LEARY DANIEL J MCCORMACK JOHN G FALK TRUDI M BUCKLEY WILLIAM J BENJAMIN		800 NICOLLET MALL 800 NICOLLET MALL 800 NICOLLET MALL 7TH AND WASHINGTON STREETS 800 NICOLLET MALL	MINNEPOLIS MINNEAPOLIS MINNEAPOLIS ST. LOUIS MINNEAPOLIS	MN MN MN MO MN	USA USA USA USA USA	55402 55402 55402 63101 55402
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WI W 88244		Signature: Gail Van Horn Name (type or print): Gail Van Horn		Date: 12/29/2015 Title: Secretary			
Processed 12/29/2015 * Electronically provided signatures are accepted as original signatures.							