No. W 49652		Due no later than Apr 30, 2015		2. Re	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.							
		MULLIN TBG INSURANCE AGENCY SERVICES, LLC 100 NORTH SEPULVEDA BLVD. SUITE 500							
NO FILING FEE IF RECEIVED BY DUE DATE		EL SEGUNDO CA 90245 USA			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Compar	nies: Enter Nar	nes and Addresses of at	least one Member or Manager.						
Office Held	Name		Street or PO Address	City		State	Country	Postal Code	
MEMBER	TBG INSURANCE SERVICES CORPORATION		100 NORTH SEPULVEDA BLVD. SUI 500	TE ELS	SEGUNDO	CA	USA	90245	
MEMBER	MC INSURAN LLC	CE AGENCY SERVICES,	100 NORTH SEPULVEDA BLVD. SUIT 500	TE ELS	SEGUNDO	CA	USA	90245	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
DE W 49652		Signature: Mandeline Hendricks			Date: 03/23/2015				
		Name (type or print): Mandeline Hendricks			Title: POA				
Processed 03/23/2015 * Electronically provided signatures are accepted as original signatures.									