No. W 97504		Due no later than Oct 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		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		AND	BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
				o				
4. Limited Liability C	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		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
CA W 97504		Signature: Carl L. Herrmann III			Date: 09/01/2015			
		Name (type or print): Carl L. Herrmann III			Title: Manager			
Processed 09/01/2015		* Electronically provided signatures are accepted as original signatures.						