

No. C 214914	Due no later than Aug 31, 2018 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. FALVEY INSURANCE GROUP, LTD. AUDRA MCCABE 66 WHITECAP DR NORTH KINGSTOWN RI 02852		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705			
			3. <u>New</u> 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	JOHN M FALVEY	66 WHITECAP DR	NORTH KINGSTOWN	RI		02852
5. Organized Under the Laws of: RI C 214914		6. Annual Report must be signed.* Signature: Audra McCabe Name (type or print): Audra McCabe Date: 06/22/2018 Title: Compliance and Licensing				
Processed 06/22/2018		* Electronically provided signatures are accepted as original signatures.				