

No. <b>W 112108</b>	<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> JHS CAPITAL INSURANCE SERVICES. LLC MELISSA BEAVER 501 E KENNEDY BLVD STE 1400 TAMPA FL 33602 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ROBERT G ALVAREZ	501 E KENNEDY BLVD STE 1400	TAMPA	FL	USA	33602
5. Organized Under the Laws of:  <b>FL</b> <b>W 112108</b>		6. Annual Report must be signed.* Signature: Robert G Alvarez Name (type or print): Robert G Alvarez Date: 03/02/2015 Title: Manager				
Processed 03/02/2015		* Electronically provided signatures are accepted as original signatures.				