No. C 194770			e no later than May 31, 2015	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			NATIONAL REGISTERED AGENTS INC 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		1. Mailing Address: Correct in this box if needed. TOMPKINS INSURANCE AGENCIES, INC. SUZANNE WINKELMAN 90 MAIN STREET BATAVIA NY 14020		BOISE ID 8				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Name	es and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DON H HERMAN DAVID S BOYCE SUZANNE WINKELMAN		90 MAIN STREET 90 MAIN STREET 90 MAIN STREET	BATAVIA BATAVIA BATAVIA	NY NY NY	USA USA USA	14020 14020 14020	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NY		Signature: Do		Date: 05/11/2015				
C 194770		Name (type o		Title: Treasurer				
Processed 05/11/2015	* Electronically provided signatures are accepted as original signatures.							