No. **W 139012**	**Due no later than Jun 30, 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.** FLEETMATICS INSURANCE SERVICES, LLC 31500 BAINBRIDGE ROAD SUITE 1 SOLON OH 44139 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New 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	PAUL L. MATTIOLA	ONE VERIZON WAY	BASKING RIDGE	NJ	USA	07920

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
OH **W 139012**	Signature: Kelly Lettmann	Date: 05/16/2018
	Name (type or print): Kelly Lettmann	Title: POA

Processed 05/16/2018

* Electronically provided signatures are accepted as original signatures.