

No. W 131525	Due no later than Nov 30, 2016 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. STOP-LOSS RE, LLC BRENNA YARINA PO BOX 21367 BILLINGS MT 59104		MARK SMIDT 539 S FITNESS PLACE STE 170 EAGLE ID 83616			
			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
MEMBER	MARK SMIDT	539 S. FITNESS PLACE, SUITE 17	EAGLE	ID	USA	83616
5. Organized Under the Laws of: MT W 131525		6. Annual Report must be signed.* Signature: Brenna Yarina Name (type or print): Brenna Yarina Date: 09/29/2016 Title: HIPAA Privacy Officer				
Processed 09/29/2016		* Electronically provided signatures are accepted as original signatures.				