

No. C 178909		Due no later than Jun 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. U. S. INSURANCE SERVICES, INC. WENDY SARA 8130 BAYMEADOWS WAY WEST STE 302 JACKSONVILLE FL 32256		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				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	
VICE PRESIDENT	RONALD R HALL	8130 BAYMEADOWS WAY WEST SUITE 302	JACKSONVILLE	FL	USA	32256	
SECRETARY	CHRISTINA B CAMA	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
PRESIDENT	VALLEY M OWENS	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
TREASURER	BEECH H TURNER	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
DIRECTOR	RONALD R HALL	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
DIRECTOR	VALLEY M OWENS	8130 BAYMEADOWS WAY WEST STE 302	JACKSONVILLE	FL	USA	32256	
5. Organized Under the Laws of: FL C 178909		6. Annual Report must be signed.* Signature: Christina Cama Name (type or print): Christina Cama Date: 06/23/2014 Title: Secretary					
Processed 06/23/2014		* Electronically provided signatures are accepted as original signatures.					