

No. <b>W 75078</b>		<b>Due no later than Jun 30, 2010</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>Annual Report Form</b>		INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA	
		<b>1. Mailing Address: Correct in this box if needed.</b> AXIS INSURANCE, LLC KAYLA COX PO BOX 3299 KIRKLAND WA 98083-3299 USA		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	BRADLEY D GREEN	PO BOX 3299	KIRKLAND	WA	USA 98083-3299
5. Organized Under the Laws of: <b>WA</b> <b>W 75078</b>		6. Annual Report must be signed.* Signature: Kayla D. Cox Name (type or print): Kayla D. Cox Date: 04/26/2010 Title: Licensing Coordinator			
Processed 04/26/2010		* Electronically provided signatures are accepted as original signatures.			