

No. <b>W 118546</b>		<b>Due no later than Oct 31, 2017</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  SRA INSURANCE AGENCY, LLC STEVE LAWRENCE 5201 JOHNSON DR STE 500 MISSION KS 66205		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	PAUL VREDENBURG	200 COLONIAL CTR PKWY STE 150	LAKE MARY	FL	USA	32746	
MANAGER	THOMAS E RILEY	200 COLONIAL CTR PKWY STE 150	LAKE MARY	FL	USA	32746	
MANAGER	JIM W HENDERSON	200 COLONIAL CTR PKWY STE 150	LAKE MARY	FL	USA	32746	
MEMBER	ASSUREDPARTNERS CAPITAL, INC.	200 COLONIAL CTR PKWY STE 150	LAKE MARY	FL	USA	32746	
5. Organized Under the Laws of:  <b>KS</b> <b>W 118546</b>		6. Annual Report must be signed.*  Signature: THOMAS E. RILEY Name (type or print): THOMAS E. RILEY					
		Date: 09/20/2017 Title: MANAGER					
Processed 09/20/2017 * Electronically provided signatures are accepted as original signatures.							