

No. C 205645	Due no later than Apr 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. TRIGEN INSURANCE SOLUTIONS, INC. 401 E LAS OLAS BLVD #1650 FORT LAUDERDALE FL 33301		CORPORATE CREATIONS NETWORK IN 950 W BANNOCK ST #1100 BOISE ID 83702			
			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
DIRECTOR	CARLA BUSICK	401 E. LAS OLAS BLVD., STE 165	FORT LAUDERDALE	FL	USA	33301
SECRETARY	GEX RICHARDSON	401 E. LAS OLAS BLVD., STE 165	FT. LAUDERDALE	FL	USA	33301
PRESIDENT	CHRISTOPHER RHODEN	401 E LAS OLAS BLVD #1650	FORT LAUDERDALE	FL		33301
5. Organized Under the Laws of: DE C 205645	6. Annual Report must be signed.* Signature: Patty Joyce Name (type or print): Patty Joyce Date: 04/18/2016 Title: Regulatory Compliance Analyst					
Processed 04/18/2016		* Electronically provided signatures are accepted as original signatures.				