No. C 210035	Due no later than Jun 30, 2017	2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		IDAHO DOI DIRECTOR, DEAN L CAM 700 W STATE ST 3RD FL BOISE ID 83702 3. New Registered Agent Signature:*			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if neede					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	UNIVANTAGE INSURANCE SOLUTIONS, INC. 100 W TOWNE RIDGE PARKWAY SANDY UT 84070	BOISE I				
		3. New Reg				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Bu	siness Addresses of President, Secretary, and Directors. Tre	asurer (optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT PEGGY LA			υT		84070	
SECRETARY DENNIS L	LOYD 100 W TOWNE RIDGE PARKWA	Y SANDY	UT		84070	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
UT	Signature: Tamera Fowler	Date:	Date: 07/25/2017			
C 210035	Name (type or print): Tamera Fowler	Title:	Title: Compliance Specialist			
Processed 07/25/2017	* Electronically provided signatures are accepted as original signatures.					