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| No. W 13744 | | Due no later than Dec 31, 2017 | | 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. RICE INSURANCE SERVICES COMPANY, LLC CINDY RICE GRISSOM 4211 NORBOURNE BLVD LOUISVILLE KY 40207 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | |
| | | | | 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 | CINDY RICE GRISSOM | 4211 NORBOURNE AVE | LOUISVILLE | KY | 40207 |
| 5. Organized Under the Laws of: KY W 13744 | | 6. Annual Report must be signed.* Signature: Cindy Rice Grissom Name (type or print): Cindy Rice Grissom Date: 11/03/2017 Title: CEO | | | |
| Processed 11/03/2017 | | * Electronically provided signatures are accepted as original signatures. | | | |