

No. <b>W 108659</b>		<b>Due no later than Nov 30, 2017</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>  <b>1. Mailing Address: Correct in this box if needed.</b> TOTAL BENEFITS SOLUTIONS, LLC LICENSING DEPARTMENT PO BOX 90007 BELLEVUE WA 98009 USA		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 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
MEMBER	BRAVO DELTA RISK, INC.	PO BOX 62	MEDINA	WA	USA	98039
MEMBER	BRADLEY D GREEN	218 MAIN STREET #460	KIRKLAND	WA	USA	98033
MEMBER	THE WHOLE CONSUELA, LLC	PO BOX 10088	YAKIMA	WA	USA	98909
MANAGER	AXIS INSURANCE LLC	PO BOX 90007	BELLEVUE	WA	USA	98009
MEMBER	CONOVER INSURANCE SERVICES, LL	PO BOX 10088	YAKIMA	WA	USA	98909
MEMBER	B. GREEN INC	218 MAIN ST	KIRKLAND	WA	USA	98033
MEMBER	BDAX LLC	218 MAIN ST	KIRKLAND	WA	USA	98033
MEMBER	CRO LLC	9105 SE 58TH ST	MERCER ISLAND	WA	USA	98040
MEMBER	DENNIS GREEN	PO BOX 10088	YAKIMA	WA	USA	98909
MEMBER	SEAHEN LLC	504 11TH PLACE	KIRKLAND	WA	USA	98033
5. Organized Under the Laws of:  <b>WA W 108659</b>		6. Annual Report must be signed.* Signature: Jennifer M Stroh Name (type or print): Jennifer M Stroh Date: 11/07/2017 Title: Licensing Coordinator				
Processed 11/07/2017		* Electronically provided signatures are accepted as original signatures.				