

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500009732

Entity Name: KFSA INSURANCE, LLC

Current Principal Place of Business:

1515 EAST 30TH
HUTCHINSON, KS 67502

Current Mailing Address:

P.O. BOX 1747
HUTCHINSON, KS 67504-1747 US

FEI Number: 45-5136141

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name WILLIAMS, MITCH
Address 2805 EAST 56TH
City-State-Zip: HUTCHINSON KS 67502

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MITCH WILLIAMS

MANAGER

01/17/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date