



Form Revision Date 07/2016

FOREIGN PROFIT CORP ANNUAL REPORT (YEARS: 1997-PRESENT)

(Required by Section 911, Act 284, Public Act of 1972)

The identification number assigned by the Bureau is: 801051004

Annual Report Filing Year: 2018

1. Corporation Name:

PLACER INSURANCE AGENCY

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: CSC-LAWYERS INCORPORATING SERVICE (COMPANY)
 2. Street Address: 601 ABBOT ROAD
 Apt/Suite/Other:
 City: EAST LANSING
 State: MI Zip Code: 48823

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address:
 Apt/Suite/Other:
 City:
 State: Zip Code:

4. Provide the names and business or residence addresses of the corporation's board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	MELISSA D. GUTIERREZ	5 SIERRA GATE PLAZA 2ND FLOOR ROSEVILLE, CA 95678 USA
TREASURER	WENDELL P. CROSSER	5 SIERRA GATE PLAZA 2ND FLOOR ROSEVILLE, CA 95678 USA
SECRETARY	ROBERT W. HORNER, III	5 SIERRA GATE PLAZA 2ND FLOOR ROSEVILLE, CA 95678 USA
DIRECTOR	AMY T. SHORE	5 SIERRA GATE PLAZA 2ND FLOOR ROSEVILLE, CA 95678 USA
DIRECTOR	MELISSA D. GUTIERREZ	5 SIERRA GATE PLAZA 2ND FLOOR ROSEVILLE, CA 95678 USA
DIRECTOR	MICHAEL P. LEACH	5 SIERRA GATE PLAZA 2ND FLOOR ROSEVILLE, CA 95678 USA
DIRECTOR	BRENT P. MESSELHEISER	5 SIERRA GATE PLAZA 2ND FLOOR ROSEVILLE, CA 95678 USA

5. Describe the purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report:

INSURANCE AGENCY

6. Enter the apportionment percentage from the most recent filed Michigan tax return:

Total Authorized shares:	100000	Most recent apportionment percentage:	0.7253	For year ending:	2016 <input checked="" type="checkbox"/>
Previous attributable shares:	60000	Previous period apportionment percentage:	0.0306	For year ending:	2016

This document must be signed by an authorized officer or agent:

Signed this 10th Day of May, 2018 by:

Signature	Title	Title if "Other" was selected
ROBERT W. HORNER, III	Secretary	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2018 ANNUAL REPORT

for

PLACER INSURANCE AGENCY

ID Number: 801051004

received by electronic transmission on May 10, 2018 ***, is hereby endorsed.***

Filed on May 10, 2018 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 10th day of May, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau