60 Day Notice Annual Report State: KY Fee: \$15.0  August 1, 2016  Must be received by September 30, 2016  MORRIS INSURANCE, INC.
ce P. O. BOX 469, 218 MAIN ST., PARI\$ KY 40361
gent WILLIAM B MORRIS JR, 218 MAIN ST., PO BOX 469, PARIS KY 40361  Address and title of all current officers. All prganizations must list at least one (1) officer, even in JUDITH D. MORRIS  JUDITH D. MORRIS
sole officer. Addresses default to principal office unless otherwise specified.  JUDITH D. MORRIS
WILLIAM B. MORRIS, JR.
and address of all directors (if applicable):
SOLVIELD, MORRIS
WILLIAM B. MORRIS
e of \$100. File online at <a href="http://app.sos.kv.gov/arp/0085581">http://app.sos.kv.gov/arp/0085581</a> QR
te of \$100. File online at <a href="http://app.sos.ky.gov/arp/0085581">http://app.sos.ky.gov/arp/0085581</a> OR e required \$15.00 fixing fee no later than Sept. 30, 2016.  I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that and correct as of today.
and correct to submit this annual report, and I declare under

Title (Required)



Alison Lundergan Grimes Kentucky Secretary of State P.O. Box 1150 Frankfort, KY 40602-1150

PRESCRIED

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(502)564-3490 Final Reminder! File to avoid penalty. Failure to file your annual report by Sept. 30, 2016, by 4:30pm (EST) will result in administrative dissolution.

## IMPORTANT NOTICE ORG ID: 0085581

p. O. BOX 469

PARIS KY 40361

TZ NIAM BES

MORRIS INSURANCE, INC.

## File Online: http://app.sos.ky.gov/arp/0085581

To file via mail:

- Officer addresses default to principal office unless otherwise specified.
- If filing and paying online, do not return this card or submit payment by mail.
- Changes to the principal office or registered agent/address CANNOT be made on the card. You must file a statement of change.
- NIXIE Make cha submitting postcard.

DE 402

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AS ADDRESSED DELIVERABLE TO FORWARD

(payable t Corporation other offic

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