



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 159916		2. Exact name of the limited liability company FARMERS SERVICES LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PROVIDE INSURANCE SERVICES	
5. Principal office address 4680 WILSHIRE BLVD		City LOS ANGELES	State CA Zip 90010
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LYNN McDANIEL		Contact Title MANAGER	
Street Address 5600 BEECH TREE LANE		City CALEDONIA	State MI Zip 49316
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name KEITHA SCHOFIELD		Manager Name JAN FRANKLIN	
Street Address 4680 WILSHIRE BLVD		Street Address 4680 WILSHIRE BLVD	
City LOS ANGELES	State CA	Zip 90010	City LOS ANGELES State CA Zip 90010
Manager Name LYNN McDANIEL		Manager Name	
Street Address 5600 BEECH TREE LANE		Street Address	
City CALEDONIA	State MI	Zip 49316	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICES COMPANY		Address SUITE 200	
Address 222 JEFFERSON BOULEVARD		City WARWICK	Zip 02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

159916

FILED	
File Date	OCT 01 2007
Check No.	By 70220016573
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person Date 9/25/07
JAN FRANKLIN MANAGER
Print or Type Name of Authorized Person