

No. <b>W 151326</b>	<b>Due no later than May 31, 2017</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>		IDAHO DEPT OF INSURANCE THOMAS DONOVAN 700 W STATE FL 3 BOISE ID 83702			
	ROMARKE INSURANCE BROKERAGE, LLC ROBERT MILLER PO BOX 1297 HYANNIS MA 02601		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
MANAGER	KELLY C BOLTON	973 IYANNOUGH ROAD	HYANNIS	MA	USA	02601
MANAGER	MARK S MCCARTIN	973 IYANNOUGH ROAD	HYANNIS	MA	USA	02601
MANAGER	ROBERT W MILLER, JR.	973 IYANNOUGH ROAD	HYANNIS	MA	USA	02601
5. Organized Under the Laws of:  <b>MA</b> <b>W 151326</b>	6. Annual Report must be signed.*					
Signature: Robert Miller		Date: 06/22/2017				
Name (type or print): Robert Miller		Title: Manager				
Processed 06/22/2017		* Electronically provided signatures are accepted as original signatures.				