No. W 76466		Due no later than Jul 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPOR	C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WRIGHT SPECIALTY INSURANCE AGENCY, LLC 333 EARLE OVINGTON BLVD SUITE 505 UNIONDALE NY 11553		BOISE ID 8	921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Con	npanies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	AGER CHRIS L. WALKER		701 B STREET, SUITE 2100	SAN DIEGO	CA	USA	92101	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 76466		Signature: Kelly Lettmann			Date: 05/22/2018			
		Name (type or		Title: POA				
Processed 05/22/2018 * Electronically provided signatures are accepted as original signatures.								