| No. <b>W 56138</b>                                                                                             |                     | Due no later than Nov 30, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  PEACHTREE SPECIAL RISK BROKERS, LLC 303 CORPORATE CENTER DRIVE SUITE 300 |                                            | 2. Registered Agent and Address (NO PO BOX) |       |         |             |
|----------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|-------|---------|-------------|
| Return to:                                                                                                     |                     |                                                                                                                                                                                 |                                            | C T CORPORATION SYSTEM                      |       |         |             |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                     |                                                                                                                                                                                 |                                            | 921 S ORCHARD ST STE G<br>BOISE ID 83705    |       |         |             |
|                                                                                                                |                     |                                                                                                                                                                                 |                                            | מסוטב וני סטועס                             |       |         |             |
|                                                                                                                |                     | STOCKBRIDGE GA 30281                                                                                                                                                            |                                            | 3. New Registered Agent Signature:*         |       |         |             |
|                                                                                                                |                     |                                                                                                                                                                                 |                                            |                                             |       |         |             |
| 4. Limited Liability C                                                                                         | ompanies: Enter Nar | mes and Addresses of                                                                                                                                                            | at least one Member or Manager.            |                                             |       |         |             |
| Office Held                                                                                                    | Name                |                                                                                                                                                                                 | Street or PO Address                       | City                                        | State | Country | Postal Code |
| MANAGER                                                                                                        | ANTHONY T           | . STRIANESE                                                                                                                                                                     | 303 CORPORATE CENTER DRIVE SUI 300         | TE STOCKBRIDGE                              | GA    | USA     | 30281       |
|                                                                                                                |                     |                                                                                                                                                                                 |                                            |                                             |       |         |             |
| 5. Organized Under the Laws of:                                                                                |                     | 6. Annual Report must be signed.*                                                                                                                                               |                                            |                                             |       |         |             |
| GA                                                                                                             |                     | Signature: Kelly Lettmann                                                                                                                                                       |                                            | Date: 10/06/2017                            |       |         |             |
| W 56138                                                                                                        |                     | Name (type or print): Kelly Lettmann                                                                                                                                            |                                            | Title: POA                                  |       |         |             |
| Processed 10/06/20                                                                                             | 17                  | * Electronically provid                                                                                                                                                         | ed signatures are accepted as original sig | natures.                                    |       |         |             |