No. W 66938	Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	USI INSURANCE SERVICES LLC DORIS CAPALBI 555 PLEASANTVILLE RD STE 160SO BRIARCLIFF MANOR NY 10510 USA					
			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Na	mes and Addresses of a	at least one Member or Manager.				
Office Held Name		Street or PO Address	City	State	Country	Postal Code
MANAGER ERNEST J NEWBORN II		555 PLEASANTVILLE RD STE 160	BRIARCLIFF MANOR	NY		10510
	I					
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
DE	Signature: ernest j	ernest j nebworn II		Date: 09/30/2014		
W 66938	Name (type or print): ernest j nebworn II		Title: manager			
Processed 09/30/2014	* Electronically provided signatures are accepted as original signatures.					