

No. W 154680		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CORNERSTONE INSURANCE PRODUCERS LLC 425 NORTH PRINCE STREET STE 101 LANCASTER PA 17603		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 STE 101 BOISE ID 83713		
				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	SAMUEL MOORE	425 NORTH PRINCE STREET SUITE 101	LANCASTER	PA	USA	17603
MANAGER	KATHY WALLACE WEE	425 NORTH PRINCE STREET SUITE 101	LANCASTER	PA	USA	17603
MANAGER	JOHN CARDER	425 NORTH PRINCE STREET SUITE 101	LANCASTER	PA	USA	17603
MANAGER	DAVID DONNELLY	425 NORTH PRINCE STREET SUITE 101	LANCASTER	PA	USA	17603
MANAGER	JOSEPH KING	425 NORTH PRINCE STREET SUITE 101	LANCASTER	PA	USA	17603
5. Organized Under the Laws of: PA W 154680		6. Annual Report must be signed.* Signature: KATHY WALLACE WEE Name (type or print): KATHY WALLACE WEE Date: 07/31/2018 Title: MANAGER				
Processed 07/31/2018		* Electronically provided signatures are accepted as original signatures.				