

No. W 157749		Due no later than Oct 31, 2016		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		Annual Report Form		VCORP SERVICES, LLC 3813 W STATE ST BOISE ID 83703			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		VALE INSURANCE PARTNERS LLC 40 W 57TH ST SUITE 1610 NEW YORK NY 10019					
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	
MEMBER	SUNIL JAIN	40 WEST 57TH ST SUITE 1610	NEW YORK	NY	USA	10019	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IL W 157749		Signature: Sunil Jain			Date: 09/12/2016		
		Name (type or print): Sunil Jain			Title: SVP		
Processed 09/12/2016		* Electronically provided signatures are accepted as original signatures.					