No. W 113037	Due no later than Apr 30, 2015		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to: Ann		ual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address EUCLID SPECIALTY M EUCLID INSURANCE 234 SPRINGS LAKE D ITASCA IL 60143	SERVICES INC	BOISE	921 S ORCHARD ST STE G BOISE 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	lames and Addresses of at	least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DANIEL ARONOWITZ		380 MAPLE AVENUE WEST SUITI	E 302 VIENNA	VA	USA	22180	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		be signed.*					
DE	Signature: DANIEL Al		Date: 02/10/2015				
W 113037	Name (type or print):		Title: MEMBER				
Processed 02/10/2015 * Electronically provided signatures are accepted as original signatures.							