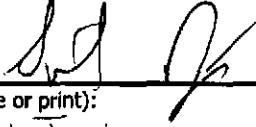


No. W 157749		Due no later than Oct 31, 2017 Annual Report Form				2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. RIVINGTON INSURANCE SERVICES LLC 1120 AVENUE OF THE AMERICAS 21ST FL NEW YORK NY 10036				VCORP SERVICES, LLC 921 S ORCHARD ST STE G BOISE ID 83705 USA	
NO FILING FEE IF RECEIVED BY DUE DATE						3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Matthew Stein	1120 Ave of the Americas, 21 st Fl	NY, NY	USA		10036	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jerome Lhote	1120 Ave of the Americas, 21 st Fl	NY, NY	USA		10036	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Luke McGee	1120 Ave of the Americas, 21 st Fl	NY, NY	USA		10036	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jamie Sotarac	1120 Ave of the Americas, 21 st Fl	NY, NY	USA		10036	
5. Organized Under the Laws of: ILLINOIS W 157749		6. Signature:  Name (type or print): Sunil Jain					
		Date: 9/15/2017 Title: Senior Vice President					
Issued 09/11/2017 by online 121772							