

No. W 181892	Due no later than Apr 30, 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. RIVER POINT INSURANCE SERVICES, LLC 8770 W BRYN MAWR AVE STE 1000 CHICAGO IL 60631		DEAN L CAMERON, IDAHO DEPT OF 700 W STATE ST 3RD FL BOISE ID 83702			
			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
MEMBER	VINCENT A. DIBENEDETTO	560 W. FULTON ST. UNIT 601	CHICAGO	IL	USA	60661
5. Organized Under the Laws of: IL W 181892		6. Annual Report must be signed.* Signature: Cindy Bruno Name (type or print): Cindy Bruno Date: 02/28/2018 Title: Account Manager				
Processed 02/28/2018		* Electronically provided signatures are accepted as original signatures.				