| No. <b>W 166881</b>  |                      | Due no later than May 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SMITH BROTHERS INSURANCE, LLC 68 NATIONAL DR GLASTONBURY CT 06033 |                              | 2. Registered Agent and Address (NO PO BOX)   |       |         |             |
|--|----------------------|--|------------------------------|---|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |                      |  |                              | NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar               |                      | mes and Addresses of a   | least one Member or Manager. |   |       |         |             |
| Office Held  | Name                 | The drift riddi esses of di  | Street or PO Address         | City  | State | Country | Postal Code |
| MEMBER   | EMBER SUSAN HABERERN |  | 68 NATIONAL DRIVE            | GLASTONBURY   | CT    | USA     | 06033       |
| 5. Organized Under the Laws of:  CT W 166881   |                      | 6. Annual Report must be signed.* Signature: Joseph Smith Name (type or print): Joseph Smith   |                              | Date: 04/10/2017<br>Title: President  |       |         |             |
| Processed 04/10/2017 * Electronically provided signatures are accepted as original signatures. |                      |  |                              |   |       |         |             |