No. **W 27891**	**Due no later than Jan 31, 2008** **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.** ALLIED NORTH AMERICA INSURANCE BROKERAGE OF NEW YORK, LLC 390 N BROADWAY JERICHO NY 11753	CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 3. New 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
MANAGER	PETER M MCGANN	390 N BROADWAY	JERICHO	NY	USA	11753
MANAGER	HENRY C LOMBARDI	390 N BROADWAY	JERICHO	NY	USA	11753
MANAGER	WILLIAM A MARINO	390 N BROADWAY	JERICHO	NY	USA	11753
MANAGER	DAVID MARINO	390 N BROADWAY	JERICHO	NY	USA	11753

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 27891**	Signature: William A. Marino	Date: 11/15/2007
	Name (type or print): William A. Marino	Title: Ceo/manager
Processed 11/15/2007	* Electronically provided signatures are accepted as original signatures.	