No. W 43790		Due no later than Oct 31, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SPECTRUM WHOLESALE INSURANCE SERVICES, LLC 6970 E. CHAUNCEY LANE STE. 100 PHOENIX AZ 85054		BOISE ID 8	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 Cor	mpanies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CHRIS L W	ALKER	701 B STREET, SUITE 2100	SAN DIEGO	CA	USA	92101	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 43790		Signature: Kelly Lettmann			Date: 09/05/2017			
		Name (type or print): Kelly Lettmann			Title: POA			
Processed 09/05/2017 * Electronically provided signatures are accepted as original signatures.								