

No. C 187639		Due no later than Jun 30, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. AURORA INSURANCE SERVICES, INC. DEBORAH LYNN FOSTER 100 ENTERPRISE SUITE 504 ROCKAWAY NJ 07866-2116 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	TIMOTHY LIAM SMITH	100 ENTERPRISE DRIVE SUITE 504	ROCKAWAY	NJ	USA 07866-2116
5. Organized Under the Laws of: NJ C 187639		6. Annual Report must be signed.* Signature: Deborah Foster Name (type or print): Deborah Foster Date: 06/20/2018 Title: Licensing Coordinator			
Processed 06/20/2018		* Electronically provided signatures are accepted as original signatures.			