No. <b>C 207499</b>		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SELECT INSURANCE AGENCY, INC. 676A WHITE PLAINS ROAD SCARSDALE NY 10583		12550 W EXP BOISE ID 83	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of Pr	esident. Secretary, and Directors, Treasi	3. <u>New</u> Registere	ed Agent S	ignature:*		
100 101 1	ame		Street or PO Address	City	State	Country	Postal Code	
	FRANK A. MACDONALD PHILLIS M MACDONALD		676A WHITE PLAINS ROAD 676A WHITE PLAINS ROAD	SCARSDALE SCARSDALE	NY NY	USA	10583 10583	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NY C 207499		Signature: Fran		Date: 09/20/2018				
		Name (type or print): Frank A. MacDonald			Title: Secretary			
Processed 09/20/2018	* Electronically provided signatures are accepted as original signatures.							