

| | | | | | | |
|--|--|--|--|--------------------------------------|---------|-------------|
| No. W 166881 | Due no later than May 31, 2018 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. SMITH BROTHERS INSURANCE, LLC 68 NATIONAL DR GLASTONBURY CT 06033 | | NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | 3. <u>New</u> 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 |
| MEMBER | JOSEPH B SMITH | 68 NATIONAL DRIVE | GLASTONBURY | CT | USA | 06033 |
| 5. Organized Under the Laws of: CT W 166881 | | 6. Annual Report must be signed.* Signature: Joseph B. Smith Name (type or print): Joseph B. Smith | | Date: 04/30/2018 Title: President | | |
| Processed 04/30/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |