No. **W 56138**	**Due no later than Nov 30, 2015** **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.** PEACHTREE SPECIAL RISK BROKERS, LLC 303 CORPORATE CENTER DRIVE SUITE 300 STOCKBRIDGE GA 30281	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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	ANTHONY T. STRIANESE	303 CORPORATE CENTER DRIVE SUITE 300	STOCKBRIDGE	GA	USA	30281

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
GA **W 56138**	Signature: Michelle Donato	Date: 10/01/2015
	Name (type or print): Michelle Donato	Title: POA

Processed 10/01/2015

* Electronically provided signatures are accepted as original signatures.