No. W 129916		Due no later than Oct 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. YORK RISK CONTROL SERVICES, LLC MICHAEL KRAWITZ 1 UPPER POND RD BLDG F 4TH FLR PARSIPPANY NJ 07504		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				CORPORATION SERVICE COMPANY			
				12550 W EXPLORER DR STE 100 BOISE ID 83713			
				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
MANAGER	YORK RISK SERVICES GROUP, INC.		1 UPPER POND RD BLDG F 4TH FLR	PARSIPPANY	NJ	USA	07054
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 129916		Signature: MICHAEL KRAWITZ			Date: 09/21/2016		
		Name (type or print): MICHAEL KRAWITZ			Title: SECRETARY		
Processed 09/21/2016		* Electronically provided signatures are accepted as original signatures.					