



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 10/31/2019

Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 331214 **Filing Status:** Active-Existing
Foreign Limited Liability Company **Date Formed:** 10/12/2011 **Formation Locale:** DELAWARE

Name and Mailing Address: (1) Add or Change Mailing Address:
CUW SOLUTIONS, LLC
100 MATSONFORD ROAD 3RD FLOOR TWO RADNOR CORPORATE
RADNOR, PA 19087

Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:
C T CORPORATION SYSTEM
921 S ORCHARD ST STE G
BOISE, ID 83705

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: _____
If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem.	Essent US Holdings, Inc.	Two Radnor Corporate Ctr, 3rd Floor, 100 Matsonford Road	Radnor, PA 19087
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem.			
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Mark A. Casale	Two Radnor Corporate Ctr, 3rd Floor, 100 Matsonford Road	Radnor, PA 19087
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Lawrence E. McAlee	Two Radnor Corporate Ctr, 3rd Floor, .. 100 Matsonford Road	Radnor, PA 19087
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: *Lawrence E. McAlee* **(6) Date:** 10/15/19
(7) Type/Print Name: Lawrence E. McAlee **(8) Title:** Manager

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0357-3211 10/15/2019 2:38 PM Received by ID Secretary of State Lawrence Denney