| No. W 66938 | Due no later than Sep 30, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|------------------------------------|---|-------|---------|-------------|
| Return to: | Annual Report Form | | C T CORPORATION SYSTEM | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | USI INSURANCE SERVICES LLC DORIS CAPALBI 555 PLEASANTVILLE RD STE 160SO BRIARCLIFF MANOR NY 10510 USA | | USA | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresses o | of at least one Member or Manager. | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER ERNEST J NEWBORN II | | 555 PLEASANTVILLE RD STE 160 | BRIARCLIFF MANOR | NY | USA | 10510 |
| | T | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report m | | | | | |
| DE | Signature: ernest j. nebworn, II Date: 09/30/2013 | | | | | |
| W 66938 | Name (type or pr | Title: Manager | | | | |
| Processed 09/30/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | |