

No. <b>W 145423</b>		<b>Due no later than Dec 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> MALPRACTICE INSURANCE AGENCY, LLC C/O NFP 500 W. MADISON STREET SUITE 2710 CHICAGO IL 60661		C T CORPORATION SYSTEM 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	
MANAGER	MICHAEL N. GOLDMAN	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173	
MANAGER	BRETT SCHNEIDER	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173	
MANAGER	VERONICA MOO	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173	
5. Organized Under the Laws of:  <b>CA W 145423</b>		6. Annual Report must be signed.* Signature: Brett Schneider Name (type or print): Brett Schneider					
		Date: 12/01/2017 Title: Manager					
Processed 12/01/2017		* Electronically provided signatures are accepted as original signatures.					