

No. <b>W 110269</b>	<b>Due no later than Jan 31, 2013</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> AMERICAN INSURANCE ADMINISTRATORS LLC 555 PLEASANTVILLE RD BRIARCLIFF MANOR NY 15010		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
			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	JOHN SORRENTINO	555 PLEASANTVILLE RD	BRIARCLIFF MANOR	NY	USA	10510
5. Organized Under the Laws of:  <b>OH W 110269</b>		6. Annual Report must be signed.* Signature: John Sorrentino Name (type or print): John Sorrentino  Date: 01/31/2013 Title: Secretary				
Processed 01/31/2013		* Electronically provided signatures are accepted as original signatures.				