No. W 153776	Due no later than Jul 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to: An		ıal Report Form		IDAHO DEPT OF INSURANCE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		DEAN CAMERON 700 W STATE ST BOISE ID 83720-0043				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	UNIQUE SURETY AND INSURANCE SERVICES, LLC UNIQUE SURETY AND INSURANCE SERVICES, LLC PO BOX 3013 TEQUESTA FL 33469 USA						
			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
MEMBER ROBERT S	GOLDSTEIN	206 COLONY ROAD	JUPITER INLET COLONY	FL	USA	33469	
	T						
5. Organized Under the Laws of: 6. Annual Report must		t be signed.*					
R Signature: Ro		oin Goldstein Date: 05/29/2018					
W 153776	Name (type or print): Robin Goldstein		Title: Member and VP				
Processed 05/29/2018	essed 05/29/2018 * Electronically provided signatures are accepted as original signatures.						