

No. W 110269		Due no later than Jan 31, 2017		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. AMERICAN INSURANCE ADMINISTRATORS LLC JESSICA STOCKEL 200 SUMMIT LAKE DRIVE VALHALLA NY 10595		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	JOHN SORRENTINO	555 PLEASANTVILLE RD	BRIARCLIFF MANOR	NY	USA	10510	
5. Organized Under the Laws of: OH W 110269		6. Annual Report must be signed.* Signature: John Sorrentino Name (type or print): John Sorrentino Date: 01/17/2017 Title: Manager					
Processed 01/17/2017		* Electronically provided signatures are accepted as original signatures.					