

No. <b>W 113037</b>		<b>Due no later than Apr 30, 2014</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>  EUCLID SPECIALTY MANAGERS, LLC EUCLID INSURANCE SERVICES INC 234 SPRINGS LAKE DR ITASCA IL 60143		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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	
MEMBER	DANIEL ARONOWITZ	380 MAPLE AVENUE W SUITE 302	VIENNA	VA	USA	22180	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>DE W 113037</b>		Signature: Daniel Aronowitz				Date: 02/10/2014	
		Name (type or print): Daniel Aronowitz				Title: Member	
Processed 02/10/2014		* Electronically provided signatures are accepted as original signatures.					