

No. W 154680	Due no later than Aug 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. CORNERSTONE INSURANCE PRODUCERS LLC 425 NORTH PRINCE STREET STE 101 LANCASTER PA 17603	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 STE 101 BOISE ID 83713				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JOSEPH KING	425 NORTH PRINCE STREET	SUITE 101 LANCASTER	PA	USA	17603
5. Organized Under the Laws of: PA W 154680	6. Annual Report must be signed.* Signature: MOIRE SMOKER Name (type or print): MOIRE SMOKER		Date: 08/01/2017 Title: ANNUAL REPORT SIGNER			
Processed 08/01/2017		* Electronically provided signatures are accepted as original signatures.				