No. C 183768	Due no later than Jul 31, 2018	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	C T CORPORATION SYSTEM
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	921 S ORCHARD ST STE G BOISE ID 83705
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	USI INSURANCE SERVICES NATIONAL, INC. 100 SUMMIT LAKE DRIVE 400	BOISE ID 63/03
	VALHALLA NY 10595	3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Corporations: Enter Names and Busin	ness Addresses of President, Secretary, and Directors. Treas	asurer (optional).
Office Held Name	Street or PO Address	City State Country Postal Code
SECRETARY ERNEST J NI	EWBORN 100 SUMMIT LAKE DRIVE	VALHALLA NY 10595
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
NC	Signature: ERNEST J NEWBORN II	Date: 09/05/2018
C 183768	Name (type or print): ERNEST J NEWBORN II	Title: Manager
Processed 09/05/2018	* Electronically provided signatures are accepted as original	nal signatures.