No. <b>C 207268</b>		Due no later than Sep 30, 2016		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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  INSMED INSURANCE AGENCY, INC. DAVID BLAKE  111 BROOK ST 3RD FL  SCARSDALE NY 10583		DEAN L CAMERON 700 W STATE FL3 BOISE ID 83702  3. New Registered Agent Signature:*			
4. Corporations: Enter N	ames and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER SECRETARY VICE PRESIDENT PRESIDENT	DAVID BLAKE DAVID BLAKE MORTEN SORENSEN DAVID BLAKE		111 BROOK STREET, 3RD FLOOR 111 BROOK STREET, 3RD FLOOR 111 BROOK STREET, 3RD FLOOR 111 BROOK ST 3RD FL	SCARSDALE SCARSDALE SCARSDALE SCARSDALE	NY NY NY NY	USA USA USA	10583 10583 10583 10583
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
NY C 207268		Signature: David Blake		Date: 09/20/2016			
		Name (type or print): David Blake		Title: President			
Processed 09/20/2016		* Electronically p	ovided signatures are accepted as original si	gnatures.			