

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000007750

Entity Name: ATTUNE INSURANCE SERVICES, LLC

Current Principal Place of Business:

40 EXCHANGE PLACE
#410
NEW YORK, NY 10005

Current Mailing Address:

40 EXCHANGE PLACE
#410
NEW YORK, NY 10005 US

FEI Number: 30-0855824

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title ASSISTANT SECRETARY
Name CLARK, ANDREW
Address 40 EXCHANGE PLACE
#410
City-State-Zip: NEW YORK NY 10005

Title SECRETARY
Name DREILING, MARTHA
Address 40 EXCHANGE PLACE
#410
City-State-Zip: NEW YORK NY 10005

Title PRESIDENT / CEO
Name HOBSON JR., JAMES WILLIAM
Address 40 EXCHANGE PLACE
#410
City-State-Zip: NEW YORK NY 10005

Title CONTROLLER & TREASURER
Name BRENNAN, KEITH
Address 40 EXCHANGE PLACE
#410
City-State-Zip: NEW YORK NY 10005

Title MEMBER
Name ATTUNE HOLDINGS, LLC
Address 600 COLLEGE ROAD EAST
SUITE 3500
City-State-Zip: PRINCETON NJ 08540

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ATTUNE HOLDINGS, LLC

MEMBER

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date