

2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M21000004580

Entity Name: SR HEALTH INSURANCE AGENCY LLC**Current Principal Place of Business:**437 EAST ALLEN STREET 2ND FL
HUDSON, NY 12534**Current Mailing Address:**437 EAST ALLEN STREET 2ND FL
HUDSON, NY 12534 US**FEI Number:** 83-0696405**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, FL 32301 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:** DANIEL STEIGERT, ASSISTANT SECRETARY OF PARACORP INCORPORATED 05/19/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING DIRECTOR
Name BUJAN, CHARLES R
Address 437 EAST ALLEN STREET 2ND FL
City-State-Zip: HUDSON NY 12534

Title MANAGING DIRECTOR
Name JACOBY, SCOTT
Address 437 EAST ALLEN STREET 2ND FL
City-State-Zip: HUDSON NY 12534

Title MANAGING DIRECTOR
Name JACOBY, DANIEL
Address 437 EAST ALLEN STREET 2ND FL
City-State-Zip: HUDSON NY 12534

Title MANAGING DIRECTOR
Name COTIE, DAVID
Address 437 EAST ALLEN STREET 2ND FL
City-State-Zip: HUDSON NY 12534

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: JACOBY , SCOTT

MANAGING DIRECTOR

05/19/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date