DOCUMENT# M06000004887

Entity Name: GILSBAR SPECIALTY INSURANCE SERIVCES, L.L.C.

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

2100 COVINGTON CENTRE COVINGTON, LA 70433

Current Mailing Address:

2100 COVINGTON CENTRE COVINGTON, LA 70433 US

FEI Number: 20-2114605

Name and Address of Current Registered Agent:

CT CORPORATION 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

Authorized Person(s) Detail :

| | Title | MGR | Title | MGR |
|--|-----------------|---|-----------------|-----------------------|
| | Name | LAMPARD, SHELLEY P | Name | SCHOTT, JUDY C |
| | Address | 2100 COVINGTON CENTRE | Address | 2100 COVINGTON CENTRE |
| | City-State-Zip: | COVINGTON LA 70433 | City-State-Zip: | COVINGTON LA 70433 |
| | | | | |
| | Title | MANAGER | | |
| | Name | HAUN, RYAN | | |
| | Address | | | |
| | Address | 2100 COVINGTON CENTRE | | |
| | City-State-Zip: | 2100 COVINGTON CENTRE COVINGTON LA 70433 | | |

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: RYAN HAUN

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 17, 2022 Secretary of State 4933572196CC

Certificate of Status Desired: No