

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003532

Entity Name: WRIGHT SPECIALTY INSURANCE AGENCY, LLC

Current Principal Place of Business:

333 EARLE OVINGTON BLVD.
SUITE 505
UNIONDALE, NY 11553

Current Mailing Address:

333 EARLE OVINGTON BLVD.
SUITE 505
UNIONDALE, NY 11553 US

FEI Number: 26-2573200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 MANAGER
Name GRIPPA, ANTHONY M.
Address 220 S. RIDGEWOOD AVE
City-State-Zip: DAYTONA BEACH FL 32114

Title VICE PRESIDENT & ASSISTANT
 SECRETARY
Name ROBINSON, ANTHONY
Address 220 S. RIDGEWOOD AVE.
City-State-Zip: DAYTONA BEACH FL 32114

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: ROBINSON, ANTHONY

**VICE PRESIDENT &
ASSISTANT SECRETARY**

04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date