

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002129

Entity Name: NORTHWIN AGENCY, LLC**Current Principal Place of Business:**1 BLUE HILL PLAZA
PEARL RIVER, NY 10965**Current Mailing Address:**PO BOX 1689
PEARL RIVER, NY 10965 US**FEI Number:** 20-1255852**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 EVP
Name GERSON, CARL
Address 1 BLUE HILL PLAZA
City-State-Zip: PEARL RIVER NY 10965

Title PRESIDENT
Name PINEDA, NICHOLAS
Address 1 BLUE HILL PLAZA
City-State-Zip: PEARL RIVER NY 10965

Title EVP
Name WINOGRAD, BARRY
Address 1 BLUE HILL PLAZA
City-State-Zip: PEARL RIVER NY 10965

Title EVP
Name O'NEIL, THOMAS
Address 1 BLUE HILL PLAZA
City-State-Zip: PEARL RIVER NY 10965

Title EVP
Name WALSH, DENISE
Address 1 BLUE HILL PLAZA
City-State-Zip: PEARL RIVER NY 10965

Title SECRETARY
Name CRAWFORD, DANIEL
Address 2000 ALAMEDA DE LAS PUGLAS
SUITE 101
City-State-Zip: SAN MATEO CA 94403

Title TREASURER
Name CHAN, KARMAN
Address 3000 EXECUTIVE PARKWAY
SUITE 325
City-State-Zip: SAN RAMON CA 94583

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: CARL GERSON

EVP

01/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date