

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000002370

Entity Name: ARROWHEAD INSURANCE RISK MANAGERS, LLC

Current Principal Place of Business:

925 NORTHPOINT PARKWAY
#440
ALPHARETTA, GA 30005

Current Mailing Address:

925 NORTHPOINT PARKWAY
#440
ALPHARETTA, GA 30005 US

FEI Number: 46-1956463

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 MANAGER
Name PENNY, J. SCOTT
Address 220 S. RIDGEWOOD AVENUE
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: PENNY, J. SCOTT

MANAGER

04/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date