

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004474

Entity Name: SPECIALTY INSURANCE PARTNERS, LLC

Current Principal Place of Business:

1221 LAKE PLAZA DR. STE D
COLORADO SPRINGS, CO 80906

Current Mailing Address:

1221 LAKE PLAZA DR STE D
COLORADO SPRINGS, CO 80906 US

FEI Number: 46-2692845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name FRANCIS, KATHLEEN
Address 1221 LAKE PLAZA DRIVE STE D
City-State-Zip: COLORADO SPRINGS CO 80906

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: KATHLEEN FRANCIS

MANAGER

03/10/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date