

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007075

**FILED**  
**Feb 28, 2018**  
**Secretary of State**  
**CC2582318482**

**Entity Name:** ENSCOE LONG INSURANCE GROUP, LLC

**Current Principal Place of Business:**

80 EMERSON LANE SUITE 1301  
BRIDGEVILLE, PA 15017

**Current Mailing Address:**

80 EMERSON LANE SUITE 1301  
BRIDGEVILLE, PA 15017 US

**FEI Number:** 20-5521580

**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 MBR  
Name ENSCOE, RICHARD  
Address 80 EMERSON LANE SUITE 1301  
City-State-Zip: BRIDGEVILLE PA 15017

Title MBR  
Name LONG, DANIEL  
Address 80 EMERSON LANE SUITE 1301  
City-State-Zip: BRIDGEVILLE PA 15017

Title EVP  
Name WHITEMAN, TODD  
Address 80 EMERSON LANE SUITE 1301  
City-State-Zip: BRIDGEVILLE PA 15017

*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:** RICHARD ENSCOE

**MEMBER**

**02/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date