

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000008828

**Entity Name:** LEVEL INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

331 PARK AVENUE SOUTH  
5TH FLOOR  
NEW YORK, NY 10010

**Current Mailing Address:**

331 PARK AVENUE SOUTH  
5TH FLOOR  
NEW YORK, NY 10010 US

**FEI Number:** 85-2617730

**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	MANAGER	Title	MGR
Name	AARON, PAUL RYAN	Name	ROCKWOOD, SAM
Address	1000 N. WEST STREET SUITE 1200	Address	1000 N. WEST STREET SUITE 1200
City-State-Zip:	WILMINGTON DE 19801	City-State-Zip:	WILMINGTON DE 19801

*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:** SAM ROCKWOOD

**MANAGER**

**04/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date