

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000008828

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

**Current Principal Place of Business:**

1000 N. WEST STREET  
SUITE 1200  
WILMINGTON, DE 19801

**Current Mailing Address:**

9450 SW GEMINI DR., PMB 92686  
BEAVERTON, OR 97008-7105 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	MGR	Title	MGR
Name	AARON, PAUL RYAN	Name	ROCKWOOD, SAMUEL
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:** SAMUEL ROCKWOOD

**MANAGER**

**04/24/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date