

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010867

**Entity Name:** USN INSURANCE AGENCY LLC

**Current Principal Place of Business:**

129 WEST 29TH STREET  
11TH FLOOR  
NEW YORK, NY 10001

**Current Mailing Address:**

129 WEST 29TH STREET  
11TH FLOOR  
NEW YORK, NY 10001 US

**FEI Number:** 83-4663296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name USN INSURANCE SERVICES LLC  
Address 129 WEST 29TH STREET  
11TH FLOOR  
City-State-Zip: NEW YORK NY 10001

*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:** PETER DWOSKIN

**SENIOR VICE PRESIDENT 01/10/2025**

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

\_\_\_\_\_  
Date