



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2015
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1018611		2. Exact name of the Limited Liability Company Orchid Underwriters Agency, LLC			
3. State of Formation Florida		4. Brief description of the character of business conducted in Rhode Island A broker for excess and surplus insurance, primarily homeowners insurance.			
5. Principal Office Address 1201 19th Place, Suite A110		City Vero Beach	State FL	Zip 32960	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Christopher Stenwall			Contact Title VP/Controller		
Street Address 1201 19th Place, Suite A110		City Vero Beach	State FL	Zip 32960	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Christoper Stenwall				Date 8/09/16	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

1:00pm
FILED

AUG 29 2016

By 282388

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