

No. W 22564		Due no later than Jan 31, 2007 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. INTERNATIONAL CATASTROPHE INSURANCE MANAGERS, LLC MATT SMITH 3665 DISCOVERY DR STE 300 BOULDER CO 80303		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	MATT SMITH	3665 DISCOVERY DR STE 300	BOULDER	CO	80303
5. Organized Under the Laws of: DELAWARE W 22564		6. Annual Report must be signed.* Signature: Matt Smith Name (type or print): Matt Smith Date: 11/15/2006 Title: Manager			
Processed 11/15/2006		* Electronically provided signatures are accepted as original signatures.			