

No. <b>W 22564</b>		<b>Due no later than Jan 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA			
		<b>1. Mailing Address: Correct in this box if needed.</b> INTERNATIONAL CATASTROPHE INSURANCE MANAGERS, LLC MATT SMITH 3665 DISCOVERY DR STE 300 BOULDER CO 80303		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	ALAN LITNER	3665 DISCOVERY DRIVE STE 300	BOULDER	CO	USA	80303	
MANAGER	MATT SMITH	3665 DISCOVERY DR STE 300	BOULDER	CO	USA	80303	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>DE W 22564</b>		Signature: Frieda Rodriguez			Date: 12/01/2008		
		Name (type or print): Frieda Rodriguez			Title: Administrative Assistant		
Processed 12/01/2008		* Electronically provided signatures are accepted as original signatures.					