

No. W 56714		Due no later than Dec 31, 2015 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		1. Mailing Address: Correct in this box if needed. MEDICAL EXCESS LLC 175 WATER STREET NEW YORK NY 10038		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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	ROBERT SCOTT SCHIMEK	175 WATER STREET 24TH FLOOR	NEW YORK	NY	USA	10038	
MEMBER	MEDICAL EXCESS INSURANCE SERVICES, INC.	175 WATER STREET	NEW YORK	NY	USA	10038	
5. Organized Under the Laws of: DE W 56714		6. Annual Report must be signed.* Signature: ROBERT SCOTT SCHIMEK Name (type or print): ROBERT SCOTT SCHIMEK					
Processed 11/10/2015		Date: 11/10/2015 Title: MANAGER * Electronically provided signatures are accepted as original signatures.					