| No. W 108130 | Due no later than Nov 30, 2014 2. Registered Agent and Address (NO PO BOX) | | | | PO BOX) | |
|---|--|-------------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address: Correct in this box if needed. RESOLUTION REINSURANCE INTERMEDIARIES, LLC JEFF PARRISH 4408 FOREST DR SUITE 202 COLUMBIA SC 29206 | 1524 S VIST BOISE 83 | INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE 83705 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter I | lames and Addresses of at least one Member or Manager. | | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER JEFF PAR | RISH 4408 FOREST DRIVE SUITE 202 | COLUMBIA | SC | USA | 29206 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| SC | Signature: Shannon Kennington | | Date: 12/11/2014 | | | |
| W 108130 | Name (type or print): Shannon Kennington | | Title: Office Manager | | | |
| Processed 12/11/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | |