No. **W 13744**	**Due no later than Dec 31, 2011** **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.** RICE INSURANCE SERVICES COMPANY, LLC CINDY RICE GRISSOM 4211 NORBOURNE AVE LOUISVILLE KY 40207	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New 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	CINDY RICE GRISSOM	4211 NORBOURNE AVE	LOUISVILLE	KY	USA	40207

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
KY **W 13744**	Signature: Cindy Rice Grissom	Date: 10/14/2011
	Name (type or print): Cindy Rice Grissom	Title: Manager

Processed 10/14/2011

* Electronically provided signatures are accepted as original signatures.