

|  |   |   |         |   |         |                  |  |
|--|---|---|---------|---|---------|------------------|--|
| No. <b>W 38161</b>   |   | <b>Due no later than Mar 31, 2014</b>   |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                  |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BOULDER CLAIMS, LLC<br>MATT SMITH<br>3665 DISCOVER DR., 3RD FL<br>BOULDER CO 80303<br>USA |         | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713<br>USA |         |                  |  |
|  |   |   |         | 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      |  |
| MEMBER   | INTERNATIONAL CATASTROPHE<br>INSURANCE MANAGERS | 3665 DISCOVER DR., STE 301  | BOULDER | CO  | USA     | 80303            |  |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*   |         |   |         |                  |  |
| <b>DE<br/>W 38161</b>  |   | Signature: International Catastrophe Insurance Managers, LLC  |         |   |         | Date: 01/30/2014 |  |
|  |   | Name (type or print): International Catastrophe Insurance Managers, LLC   |         |   |         | Title: Member    |  |
| Processed 01/30/2014   |   | * Electronically provided signatures are accepted as original signatures.   |         |   |         |                  |  |