

No. W 38161		Due no later than Mar 31, 2014 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. BOULDER CLAIMS, LLC MATT SMITH 3665 DISCOVER DR., 3RD FL BOULDER CO 80303 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA		
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
MEMBER	INTERNATIONAL CATASTROPHE INSURANCE MANAGERS	3665 DISCOVER DR., STE 301	BOULDER	CO	USA	80303
5. Organized Under the Laws of: DE W 38161		6. Annual Report must be signed.* Signature: International Catastrophe Insurance Managers, LLC Name (type or print): International Catastrophe Insurance Managers, LLC Date: 01/30/2014 Title: Member				
Processed 01/30/2014 * Electronically provided signatures are accepted as original signatures.						