No. W 68247		D	ue no later than Nov 30, 2011	2. Registered A	2. Registered Agent and Address (NO 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. PROVIDENCE WASHINGTON INSURANCE SOLUTIONS, LLC NANCI L WASS 475 KILVERT STREET, SUITE 330 WARWICK RI 02886		1111 W JEFF BOISE ID 8 USA	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Address	ses of at least one Member or Manager					
Office Held	Name	mes and made ess	Street or PO Address	City	State	Country	Postal Code	
Manager Manager	The second secon		475 KILVERT STREET 475 KILVERT STREET, SUITE	WARWICK WARWICK	RI RI	USA USA	02886 02886	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
RI W 68247		Signature: D.e. Woellner Name (type or print): D.e. Woellner		Date: 11/08/2011 Title: Manager				
Processed 11/08/2011		* Electronically p	provided signatures are accepted as original s	signatures.				