No. W 13744	Due no later than Dec 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		nual Report Form		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA		
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. RICE INSURANCE SERVICES COMPANY, LLC CINDY RICE GRISSOM 4211 NORBOURNE AVE		10 11 11 11 11 11 11 11 11 11 11 11 11 1			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	LOUISVILLE KY 40207		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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:	ws of: 6. Annual Report must be signed.*					
KY	KY Signature: Cindy Rice Grissom		Date: 10/30/2009			
W 13744	Name (type or print): Cindy Rice Grissom		Title: Manager			
Processed 10/30/2009	* Electronically provided signatures are accepted as original signatures.					