No. W 13744	Due no later than Dec 31, 2012		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		CT CORPORA	CT CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed. RICE INSURANCE SERVICES COMPANY, LLC CINDY RICE GRISSOM 4211 NORBOURNE AVE			1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
PO BOX 83720 BOISE, ID 83720-0080			USA				
	LOUISVILLE KY 40207		3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresse	es 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 Repor	t must be signed.*					
ку	Signature: Cir	ndy Rice Grissom	Date: 12/26/20:	Date: 12/26/2012			
W 13744	Name (type o	r print): Cindy Rice Grissom	Title: Manager,	Title: Manager/Chief Executive Office			
Processed 12/26/2012	* Electronically provided signatures are accepted as original signatures.						