

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000004082

**Entity Name:** GLOBAL INSURANCE ADVISORS, LLC

**Current Principal Place of Business:**

TWO LOGAN SQUARE  
100 N 18TH STREET, 23RD FLOOR  
PHILADELPHIA, PA 19103

**Current Mailing Address:**

TWO LOGAN SQUARE  
100 N 18TH STREET, 23RD FLOOR  
PHILADELPHIA, PA 19103 US

**FEI Number:** 27-3136596

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            REYLE, JAMIE  
Address        TWO LOGAN SQUARE  
                  100 N 18TH STREET, 23RD FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            AUTHORIZED MEMBER  
Name            RAIT FUNDING, LLC  
Address        TWO LOGAN SQUARE  
                  100 N 18TH STREET, 23RD FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMIE REYLE

**AUTHORIZED PERSON**

**04/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date