2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000005138

Entity Name: PRIME ACTUARIAL CONSULTING, LLC

Current Principal Place of Business:

180 PROMENADE CIRCLE, STE 300 SACRAMENTO, CA 95834

Current Mailing Address:

817 BENNETT AVENUE MEDFORD, OR 97504 US

FEI Number: 82-5235324

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 2894 REMINGTON GREEN LANE SUITE A TALLAHASSEE, FL 32308 US Certificate of Status Desired: No

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:

Address

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Autionzeu Person(s) Detail.			
Title	MANAGING PARTNER	Title	SENIOR PARTNER
Name	HARRINGTON, MICHAEL S	Name	PRIVEN, MARK
Address	180 PROMENADE CIRCLE, STE 300	Address	180 PROMENADE CIRCLE, STE 300
City-State-Zip:	SACRAMENTO CA 95834	City-State-Zip:	SACRAMENTO CA 95834
Title	SENIOR PARTNER	Title	CFO AND PARTNER
Name	GAU, NINA	Name	POTVIN, RIAN
Address	817 BENNETT AVENUE	Address	180 PROMENADE CIRCLE, STE 300
City-State-Zip:	MEDFORD OR 97504	City-State-Zip:	SACRAMENTO CA 95834
Title	PARTNER	Title	PARTNER
Name	BURKHALTER, DEREK	Name	RICHARD, REBECCA
Address	180 PROMENADE CIRCLE, STE 300	Address	180 PROMENADE CIRCLE, STE 300
City-State-Zip:	SACRAMENTO CA 95834	City-State-Zip:	SACRAMENTO CA 95834
Title	PARTNER		
Name	WINKLER, DANA		

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: RIAN POTVIN

City-State-Zip: MEDFORD OR 97504

817 BENNETT AVENUE

CFO AND PARTNER

02/07/2024

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Feb 07, 2024 Secretary of State 8135344062CC