2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

OT APR 26 AM 10: 43 SECRETARY OF STATE ALLAHASSEF, FI ORINA **DOCUMENT # M03000003676** MEDICAL EXCESS LLC Principal Place of Business Mailing Address 333 CROWN POINTE CIRCLE, SUITE 200 70 PINE STREET, 30TH FLOOR GRASS VALLEY, CA 95945 NEW YORK, NY 10027-2 04232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 46-0493280 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM MEDICAL EXCESS INSURANCE SERVICES, INC. NAME 70 PINE STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10270 TITLE 100098909131 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Directors / Officers Report

Medical Excess LLC

Directors

Effective 10/3/2006	9/25/2002	9/25/2002	9/25/2002	9/25/2002		Effective	9/25/2002	9/25/2002	9/25/2002	9/25/2002	9/25/2002	9/25/2002	9/24/2002	9/24/2002	19/25/2002	SECRETARY OF STRONG
								Chief Executive Officer	Chief Operating Officer	Executive Vice President	Senior Vice President	Senior Vice President		Secretary		FLORIDA
Director	Director	Director	Director	Director			President	Chief Exe	Chief Ope		Senior Vic	Senior Vic	Secretary	Assistant Secretary	Chief Actuary	Actuary
Nicholas Edward Anselmo	Kevin Hugh Kelley	Vincent Joseph Masucci	John Snyder	Burt Wilson	Officers		John Snyder	John Snyder	Burt Wilson	Glenn Funk	Michael Gastineau	Solon Webb	Elizabeth Margaret Tuck	Amy Marie Cinquegrana	Glenn Funk	Michael Gastineau

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ACCOUNT NO. : 072100000032

REFERENCE :

4320171

AUTHORIZATION

COST LIMIT

ORDER DATE: April 25, 2007

ORDER TIME : 1:20 PM

ORDER NO. : 869012-150

BK

CUSTOMER NO: 4320171

ANNUAL REPORT FILING

NAME:

MEDICAL EXCESS LLC

FL 2007

XX __ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: