

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003676

1. Entity Name
MEDICAL EXCESS LLC



Principal Place of Business
333 CROWN POINTE CIRCLE, SUITE 200
GRASS VALLEY, CA 95945

Mailing Address
70 PINE STREET, 30TH FLOOR
NEW YORK, NY 10027-2

FILED
08 APR 22 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
46-0493280

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MEDICAL EXCESS INSURANCE SERVICES, INC.
70 PINE STREET
NEW YORK, NY 10270

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900125128789

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Elizabeth M. Tuck, Secretary

Elizabeth M. Tuck 4/10/08

212-770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

on behalf of
Managing member

Directors/Officers Report

As of April 09, 2008

Medical Excess LLC

Directors

Nicholas Edward Anselmo

Director

Primary Address

Lexington Insurance Company
100 Summer Street
Boston, Massachusetts 02110 (United States)

Peter James Eastwood

Director

Primary Address

Lexington Insurance Company
100 Summer Street
Boston, Massachusetts 02110 (United States)

Kevin Hugh Kelley

Director

Primary Address

Lexington Insurance Company
100 Summer Street
Boston, Massachusetts 02110 (United States)

Vincent Joseph Masucci

Director

Primary Address

American International Marine Agency
777 South Figueroa Street
Los Angeles, California 90017-5814 (United States)

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TALLAHASSEE, FLORIDA



MO30000003676

Directors/Officers Report

As of April 09, 2008

Medical Excess LLC

John Snyder

Director

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Burt Wilson

Director

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)

Officers

John Snyder

President

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)

Chief Executive Officer

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)



Medical Excess LLC

Burt Wilson

Chief Operating Officer

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Glenn Funk

Executive Vice President

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)

Michael Gastineau

Senior Vice President

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)

Solon Webb

Senior Vice President

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)



Medical Excess LLC

Elizabeth Margaret Tuck

Secretary

Primary Address

American International Group, Inc.
70 Pine Street
New York, New York 10270 (United States)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amy Marie Cinquegrana

Assistant Secretary

Primary Address

American International Group, Inc.
70 Pine Street
New York, New York 10270 (United States)

Glenn Funk

Chief Actuary

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)

Michael Gastineau

Actuary

Primary Address

Medical Excess, LLC
333 Crown Pointe Circle
Suite 200
Grass Valley, California 95945 (United States)

BK



CORPORATION SERVICE COMPANY

NO 3000003676

ACCOUNT NO. : 072100000032

REFERENCE : 536263 4320171

AUTHORIZATION

[Signature]

COST LIMIT : \$ 138.75

ORDER DATE : April 20, 2008

ORDER TIME : 10:09 AM

ORDER NO. : 536263-080

CUSTOMER NO: 4320171

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08 APR 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MEDICAL EXCESS, LLC FL 2008 AR

RECEIVED
08 APR 22 PM 2:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS:

[Signature]