2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# M03000003676

Entity Name: MEDICAL EXCESS LLC

Current Principal Place of Business:

333 CROWN POINTE CIRCLE, SUITE 200
GRASS VALLEY, CA 95945

New Principal Place of Business:

Current Mailing Address:

70 PINE STREET, 30TH FLOOR
NEW YORK, NY 100272

New Mailing Address:

FEI Number: 46-0493280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MEDICAL EXCESS INSURANCE SERVICES, INC.	
Address:	70 PINE STREET	
City-St-Zip:	NEW YORK, NY 10270	
Title:	D	( ) Delete
Name:	ANSELMO, NICHOLAS E	
Address:	100 SUMMER STREET	
City-St-Zip:	BOSTON, MA 02110	
Title:	D	( ) Delete
Name:	EASTWOOD, PETER J	
Address:	100 SUMMER STREET	
City-St-Zip:	BOSTON, MA 02110	
Title:	D	( ) Delete
Name:	KELLEY, KEVIN H	
Address:	100 SUMMER STREET	
City-St-Zip:	BOSTON, MA 02110	
Title:	D	( ) Delete
Name:	MASUCCI, VINCENT J	
Address:	100 SUMMER STREET	
City-St-Zip:	BOSTON, MA 02110	
Title:	D	( ) Delete
Name:	MASUCCI, VINCENT J	
Address:	777 SOUTH FIGUEROA STREET	
City-St-Zip:	LOS ANGELES, CA 900175814	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MEDICAL EXCESS INSURANCE SERVICES INC. MGRM 04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date