

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004377

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: SUREPOINT REINSURANCE ADVISORS, LLC

**Current Principal Place of Business:**

215 COMMERCIAL STREET 4TH FLOOR  
PORTLAND, ME 04101

**New Principal Place of Business:**

**Current Mailing Address:**

215 COMMERCIAL STREET 4TH FLOOR  
PORTLAND, ME 04101

**New Mailing Address:**

FEI Number: 20-2027401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: FALLON, JAMES  
Address: 215 COMMERCIAL STREET 4TH FLOOR  
City-St-Zip: PORTLAND, ME 04101

Title: MGR ( ) Delete  
Name: LACHANCE, MICHAEL  
Address: 215 COMMERCIAL STREET 4TH FLOOR  
City-St-Zip: PORTLAND, ME 04101

Title: MGR ( ) Delete  
Name: CARPENTER, PETER S  
Address: 214 EAST GALER, SUITE 300  
City-St-Zip: SEATTLE, WA 98102

Title: MGR ( ) Delete  
Name: DIPIETRO, STEPHEN  
Address: 214 EAST GALER, SUITE 300  
City-St-Zip: SEATTLE, WA 98102

Title: MGR ( ) Delete  
Name: MCNULTY, JAMES  
Address: 2 WILD HOLLY LANE  
City-St-Zip: MEDFIELD, MA 02052

**ADDITIONS/CHANGES:**

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

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

Title: MGR (X) Change ( ) Addition  
Name: CARPENTER, PETER S  
Address: 720 OLIVE WAY, SUITE 1700  
City-St-Zip: SEATTLE, WA 98101

Title: MGR (X) Change ( ) Addition  
Name: DIPIETRO, STEPHEN  
Address: 720 OLIVE WAY, SUITE 1700  
City-St-Zip: SEATTLE, WA 98101

Title: MGR (X) Change ( ) Addition  
Name: MCNULTY, JAMES  
Address: 12 WILD HOLLY LANE  
City-St-Zip: MEDFIELD, MA 02052

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS A. CAROLIN

MEM

04/28/2006

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