

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004377

FILED
May 14, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: 720 OLIVE WAY, SUITE 1700
City-St-Zip: SEATTLE, WA 98101

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

Title: MGR () Delete
Name: MCNULTY, JAMES
Address: 12 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: () 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: MICHAEL LACHANCE

MGR

05/14/2008

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