

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005019

FILED
Feb 10, 2010
Secretary of State

Entity Name: TOWER HILL INSURANCE SERVICES, LLC

Current Principal Place of Business:

881 CORPORATE DRIVE
LEXINGTON, KY 40503

New Principal Place of Business:

Current Mailing Address:

881 CORPORATE DRIVE
LEXINGTON, KY 40503

New Mailing Address:

FEI Number: 90-0491808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE, SCOTT P
7201 NW 11TH PLACE
GAINESVILLE, FL 32605 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
Name: TOWER HILLS CLAIMS MANAGEMENT II, INC.
Address: 881 CORPORATE DRIVE
City-St-Zip: LEXINGTON, KY 40503

Title: MGRM
Name: RRV U.S. HOLDINGS, INC.
Address: C/O REINAISSANCE HOUSE 8-20 BROADWAY,
City-St-Zip: PEMBROKE HM 19 BERMUDA,

Title: P
Name: SHIVELY, WILLIAM J
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: COO
Name: NOWAK, JAMES
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S
Name: MATZ, JR., DONALD C
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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: DONALD C. MATZ, JR.

P

02/10/2010

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