

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002364

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** RENAISSANCE ALLIANCE INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

981 WORCESTER STREET  
WELLESLEY, MA 02482

**New Principal Place of Business:**

**Current Mailing Address:**

981 WORCESTER STREET  
WELLESLEY, MA 02482

**New Mailing Address:**

**FEI Number:** 04-3456048

**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: P  
Name: COCHRANE, BRUCE  
Address: 981 WORCESTER STREET  
City-St-Zip: WELLESLEY, MA 02482

Title: COO  
Name: COCHRANE, JANET  
Address: 981 WORCESTER STREET  
City-St-Zip: WELLESLEY, MA 02482

Title: SVP  
Name: HANDERHAN, VIRGINIA  
Address: 981 WORCESTER STREET  
City-St-Zip: WELLESLEY, MA 02482

Title: SVP  
Name: RONALD, PETERS  
Address: 981 WORCESTER STREET  
City-St-Zip: WELLESLEY, MA 02482

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: J. BRUCE COCHRANE

PD

01/28/2010

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