

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004791

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** GLOBAL INDEMNITY COLLECTIBLES INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

11350 MCCORMICK ROAD, SUITE 700  
HUNT VALLEY, MD 20131

**New Principal Place of Business:**

**Current Mailing Address:**

11350 MCCORMICK ROAD, SUITE 700  
HUNT VALLEY, MD 20131

**New Mailing Address:**

**FEI Number:** 30-0622321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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  
**Name:** SCOTT, MATTHEW B  
**Address:** 3 BALA PLAZA EAST, SUITE 300  
**City-St-Zip:** BALA CYNWYD, PA 19004

**Title:** MGR  
**Name:** MYERS, DAVID J  
**Address:** 3 BALA PLAZA EAST, SUITE 300  
**City-St-Zip:** BALA CYNWYD, PA 19004

**Title:** MGR  
**Name:** OATES, LEIGH  
**Address:** 3 BALA PLAZA EAST, SUITE 300  
**City-St-Zip:** BALA CYNWYD, PA 19004

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:** DAVID J. MYERS

MGR

01/13/2011

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