2006 LIMITED LIABILITY COMPANY

Secretary of State ANNUAL REPORT 03-31-2006 90182 037 ****50.00 **DOCUMENT # M97000000177** REINSURANCE SOLUTIONS INTERNATIONAL, L.L.C. 4002026d Principal Place of Business Mailing Address TWO LOGAN SQUARE TWO LOGAN SQUARE SUITE 600 SUITE 600 PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19103 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 Chg-LLC CR2E083 (11/05) Applied For 4 FELNumber City & State City & State 23-2819577 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGR ☐ Delete TITLE Mgr. ☐ Change XX Addition Theresa V. Zlotnik Two Logan Square, Suite 600 Philadelphia, PA 19103 LOSQUADRO, GERALDINE M. NAME NAME ONE MADISON AVE., 4TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK, NY 10010 CITY-ST-7IP CITY-ST-ZIP ☐ Change XIXI Addition MGR Delete TITLE Mgr. TITLE Simon V. Freakley 900 Third Avenue, 8th Floor New York, NY 10022-4728 HIGHAM, CHARLES NAME NAME 1 STATE ST., STE 1500 STREET ADDRESS STREET ADDRESS HARTFORD, CT 06103 CITY-ST-ZIP CITY-ST-ZIP ☐ Change XX Addition TITLE MGR ☐ Detete TITLE Mgr Geoffrey I.K. Bromley Tower Place, West Building, 2nd Floor London EC3R 5BU England GOODELL, SCOTT NAME NAME STREET ADDRESS ONE MADISON AVE., 4TH FLOOR STREET ADDRESS CITY-ST-7IP NEW YORK, NY 10010 CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE MGR ZAFFINO, SALVATORE NAME ONE MADISON AVE., 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10010 CITY-ST-ZIP Delete TITLE ☐ Change Addition PETRONIS, PHILIP F NAME NAME STREET ADDRESS ONE MADISON AVE., 4TH FLOOR STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NEW YORK, NY 10010

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Theresa V. Zlotnik

3/24/06

267-675-3307

☐ Change

☐ Addition

FILED Mar 31, 2006 8:00 am

Davime Phone 4

GUY CARPENTER # M97000000177

Guy Carpenter & Company, Inc. One Madison Avenue New York, NY 10010-3658 917 937 3000 Fax 917 937 3500

March 24, 2006

VIA FIRST CLASS MAIL RETURN RECEIPT REQUESTED

Florida Department of State Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

2006 Limited Liability Company Annual Report for Reinsurance Solutions International, L.L.C.

Dear Division of Corporations:

Re:

Enclosed please find an original, executed 2006 Limited Liability Company Annual Report for Reinsurance Solutions International, L.L.C. (File #: M97000000177), together with a check in the amount of \$50.00 for the filing fee.

Should you have any questions, please do not hesitate to contact me at (917) 937-3220. Thank you.

Sincerely,

Vivian D. Encarnacion

Vincand Encarración

Vice President