2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000177

Entity Name: REINSURANCE SOLUTIONS LLC

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:		New Principa	New Principal Place of Business:	
SUITE 600	SAN SQUARE) PHIA, PA 19103 US			
Current Mailing Address:		New Mailing	New Mailing Address:	
SUITE 600	SAN SQUARE) PHIA, PA 19103 US			
In accordan	: 23-2819577 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability compa I Address of Current Registered Agent:	-		
Maille allu	Address of Current Registered Agent.	Name and Ad	idless of New Registered Agent.	
1200 SOU	PORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324 US			
	named entity submits this statement for the pure of Florida.	pose of changing its r	egistered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHA	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete LOSQUADRO, GERALDINE M ONE MADISON AVE., 4TH FLOOR NEW YORK, NY 10010	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete HIGHAM, CHARLES 1 STATE ST., STE 1500 HARTFORD, CT 06103	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete GOODELL, SCOTT ONE MADISON AVE., 4TH FLOOR NEW YORK, NY 10010	Name: Go Address: Ol	GR (X) Change () Addition OODELL, SCOTT NE CONVENTION CENTER, 701 PIKE ST. EATTLE, WA 98101	
Title: Name: Address: City-St-Zip:	MGR () Delete ZAFFINO, SALVATORE ONE MADISON AVE., 4TH FLOOR NEW YORK, NY 10010	Name: ZA Address: 1	GR (X) Change () Addition AFFINO, SALVATORE STATE STREET ARTFORD, CT 06103	
Title: Name: Address: City-St-Zip:	MGR () Delete PETRONIS, PHILIP F ONE MADISON AVE., 4TH FLOOR NEW YORK, NY 10010	Name: FF Address: 90	GR (X) Change () Addition REAKLEY, SIMON V 10 THIRD AVE., 8TH FLOOR EW YORK, NY 10022 47	
Title: Name: Address: City-St-Zip:	MGR () Delete ZLOTNIK, THERESA V TWO LOGAN SQUARE SUITE 600 PHILADELPHIA, PA 19103	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: THERESA V. ZLOTNIK MGR 05/01/2007