2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# M97000000177

Entity Name: REINSURANCE SOLUTIONS LLC

Current Principal Place of Business:

TWO LOGAN SQUARE
SUITE 600
PHILADELPHIA, PA 19103 US

New Principal Place of Business:

Current Mailing Address:

TWO LOGAN SQUARE
SUITE 600
PHILADELPHIA, PA 19103 US

New Mailing Address:

FEI Number: 23-2819577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	( ) Delete
Name:	LOSQUADRO, GERALDINE M	
Address:	ONE MADISON AVE., 4TH FLOOR	
City-St-Zip:	NEW YORK, NY 10010	
Title:	MGR	( ) Delete
Name:	HIGHAM, CHARLES	
Address:	1 STATE ST., STE 1500	
City-St-Zip:	HARTFORD, CT 06103	
Title:	MGR	( ) Delete
Name:	GOODELL, SCOTT	
Address:	ONE CONVENTION CENTER, 701 PIKE ST.	
City-St-Zip:	SEATTLE, WA 98101	
Title:	MGR	( ) Delete
Name:	ZAFFINO, SALVATORE	
Address:	1 STATE STREET	
City-St-Zip:	HARTFORD, CT 06103	
Title:	MGR	( ) Delete
Name:	ZLOTNIK, THERESA V	
Address:	TWO LOGAN SQUARE SUITE 600	
City-St-Zip:	PHILADELPHIA, PA 19103	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	LOSQUADRO, GERALDINE M	
Address:	1166 AVENUE OF THE AMERICAS	
City-St-Zip:	NEW YORK, NY 10036	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 04/14/2009

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