

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000209467

Entity Name: VAULT RISK MANAGEMENT SERVICES, LLC**Current Principal Place of Business:**300 FIRST AVE S
STE 401
ST PETERSBURG, FL 33701**Current Mailing Address:**199 WATER STREET
NEW YORK, NY 10038 US**FEI Number:** 81-4334051**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.
100 S ASHLEY DR STE 400
TAMPA, FL 33602 US*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

Authorized Person(s) Detail :

| | |
|-----------------|---------------------|
| Title | MGR |
| Name | CARMILANI, SCOTT |
| Address | 255 NE MIZNER BLVD |
| City-State-Zip: | BOCA RATON FL 33432 |

| | |
|-----------------|-------------------|
| Title | MGR |
| Name | DUPONT, WESLEY |
| Address | 199 WATER STREET |
| City-State-Zip: | NEW YORK NY 10038 |

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|-----------------|---------------------|
| Title | DIRECTOR & CEO |
| Name | WILLIAMSON, CHARLES |
| Address | 199 WATER STREET |
| City-State-Zip: | NEW YORK NY 10038 |

| | |
|-----------------|---------------------|
| Title | MGR |
| Name | KNIGHT, GORDON |
| Address | 225 NE MIZNER BLVD |
| City-State-Zip: | BOCA RATON FL 33432 |

| | |
|-----------------|----------------------------|
| Title | CHIEF UNDERWRITING OFFICER |
| Name | QUALLS, MARY |
| Address | 199 WATER STREET |
| City-State-Zip: | NEW YORK NY 10038 |

| | |
|-----------------|----------------------------|
| Title | CHIEF ACTUARY |
| Name | ROTH , BRANDELYN |
| Address | 300 FIRST AVE S STE 401 |
| City-State-Zip: | ST PETERSBURG FL 33701 |

| | |
|-----------------|-------------------|
| Title | TREASURER |
| Name | LARSON, ROBERT |
| Address | 199 WATER STREET |
| City-State-Zip: | NEW YORK NY 10038 |

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|-----------------|--|
| Title | VP, ASSOCIATE GENERAL COUNSEL & SECRETARY |
| Name | LEE, SUNG JIN |
| Address | 199 WATER STREET |
| City-State-Zip: | NEW YORK NY 10038 |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUNG LEE**SECRETARY****04/19/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date