2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005019

Entity Name: BLUEGRASS INSURANCE MANAGEMENT, LLC

Current Principal Place of Business:

881 CORPORATE DRIVE
LEXINGTON, KY 40503

Current Mailing Address:

881 CORPORATE DRIVE
LEXINGTON, KY 40503

FEI Number: 90-0491808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROWE, SCOTT P
7201 NW 11TH PLACE
GAINESVILLE, FL 32605 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:

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Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	TOWER HILLS CLAIMS MANAGEMENT II, INC.	Name	RRV U.S. HOLDINGS, INC.
Address	881 CORPORATE DRIVE	Address	C/O REINAISSANCE HOUSE 8-20 BROADWAY,
City-State-Zip:	LEXINGTON KY 40503	City-State-Zip:	PEMBROKE HM 19 BERMUDA
Title	PRESIDENT	Title	SECRETARY
Name	SHIVELY, WILLIAM J	Name	MATZ, JR., DONALD C
Address	7201 NW 11TH PLACE	Address	7201 NW 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605	City-State-Zip:	GAINESVILLE FL 32605
Title	DIRECTOR	Title	DIRECTOR
Name	BENSON, KEYTON	Name	DOAK, MICHAEL
Address	881 CORPORATE DRIVE	Address	12 CROW LANE
City-State-Zip:	LEXINGTON KY 40503	City-State-Zip:	PEMBROKE BERMUDA HM 19 AF
Title	COO		
Name	BENSON, KEYTON		
Address	7201 NW 11TH PLACE		
City-State-Zip:	GAINESVILLE FL 32605		

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: WILLIAM J. SHIVELY   PRESIDENT   04/21/2015

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Electronic Signature of Signing Authorized Person(s) Detail   Date