RI SOS Filing Number: 200700816860 Date: 09/11/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: $50.00
THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 158634	*2. Exact name of the limited liability company* Coastal Risk Underwriters LLC
3. State of Formation FL	*4. Brief description of the character of the business which is actually conducted in Rhode Island* Insurance Agency

5. Principal office address	*City*	*State*	*Zip*
13073 Telecom Parkway	Temple Terrace	FL	33637

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*		
Corey Neal	VP of Finance		
Street Address	*City*	*State*	*Zip*
13073 Telecom Parkway	Temple Terrace	FL	33637

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name			*Manager Name*		
Terrence McLean			Andrew DiLoreto		
Street Address			*Street Address*		
401 E 34th St, Apt. S5K			160 Belden Hill Road		
City New York	*State* NY	*Zip* 10016	*City* Wilton	*State* CT	*Zip* 06897
Manager Name			*Manager Name*		
Thomas Kearney					
Street Address			*Street Address*		
303 Umpawaug Road					
City West Redding	*State* CT	*Zip* 06896	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	
Address	*City*	*Zip*

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

1 5 8 6 3 4

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Corey Neal 8/1/07
Signature of Authorized Person *Date*

Corey Neal
Print or Type Name of Authorized Person

File Date 9-11-07
Check No. 1202
By: MMC
FOR SECRETARY OF STATE USE ONLY
~~13830-19-181520~~

Form 632 Rev. 08/06