RI SOS Filing Number: 200700817650 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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
115844	Rice Insurance Services Company, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
KENTUCKY	INSURANCE AGENCY

5. Principal office address	City	State	Zip
4211 Norbourne Blvd	Louisville	KY	40207

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

Contact Name	Contact Title
Cindy Rice Grissom	CEO

Street Address	City	State	Zip
4211 Norbourne Blvd	Louisville	KY	40207

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) ☐

Manager Name	Manager Name
Cindy Rice Grissom	Linda Rice
Street Address	**Street Address**
4211 Norbourne Blvd.	4211 Norbourne Blvd.
City / State / Zip	**City / State / Zip**
Louisville / KY / 40207	Louisville / KY / 40207
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**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		
CT CORPORATION SYSTEM			
Address	**City**	**Zip**
10 WEYBOSSET STREET	PROVIDENCE	02903-

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

[redacted] [redacted]

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.

9/5/07
Signature of Authorized Person *Date*

[redacted]

Cindy Rice Grissom
Print or Type Name of Authorized Person

File Date	9/11/07
Check No.	3130
By:	mmc

13831-3-181526
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07