

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 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50,00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

(R.I.G.L. 7-10-00 (DOC)) is subject to a penalty fee of \$25.00,			
1. ID No. 2. Exact name of the limited liability company	4 0		
159903 Whemony Insurance Bro	kers of Hize	Da Lik	
3. State of Formation 4. Brief description of the character of the business whi	ch is actually conducted in Rhode Island		
DE Insurance Brokelo	ge		•
5. Principal office address	City 11 ac	State	Zip
3910 N. CAYOL SOSWOUSE 400 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			7520U
Contact Name	Contact Title		
Jaha Liaz	Financial.	Analust	
Street Address	City	State J	Zip ,
5910 N. Central Exdisureu Sie 400	Dallas	TX	752de
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABL	LITY COMPANY, IF APPLICABL	E - <u>DO NOT LIST A</u>	<u>IEMBERS</u>
FILL IN SPACES BEFORE USING ATTA	CHMENTS (EX BOX FOR ATTA	CHMENT) 🔲	
Manager Name	Manager Name	011.	
Street Address	Marshall M	UHV_	
5910 N. Central Expressiony sie 400	5910 N. Const	al Expression	ay 400
Dallas TX 7520Le	Dallas	State TX	75) AX
Mayager Name	Manager Name		
RODER MUTANTERS Street Address	Daye Stevel	tt	
2910 N. Central Experiou St. 400	540 V. Conta	Exposion	1 Ste 260
City State Zip	City	State	Ap-717-001
B. RESIDENT AGENT IN RHODE ISLAND	Tomon 1		rv de
This information is currently of record in the Office of the Secretary of State.	Changes require filing of Form 642	- RIGI 7-16-11	
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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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.

Signature of Authorized Person

9-28-08

Print or Type Name of Authorized Person