



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 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)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 157356		2. Exact name of the limited liability company Integrity Settlement Provider, LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Life Settlement Transactions			
5. Principal office address One Financial Plaza, Suite 1055		City Hartford	State Connecticut	Zip 06103	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kathryn Muratore		Contact Title Chief Compliance Officer			
Street Address One Financial Plaza, Suite 1055		City Hartford	State Connecticut	Zip 06103	
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 H. Cayce Awe		Manager Name			
Street Address One Financial Plaza, Suite 1055		Street Address			
City Hartford	State Connecticut	Zip 06103	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

157356

FILED	
File Date	OCT 06 2008
Check No.	088
By:	<u>H. Cayce Awe</u>
FOR SECRETARY OF STATE USE ONLY	

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.

H. Cayce Awe 10/2/08
Signature of Authorized Person Date
H. Cayce Awe, CEO/Manager
Print or Type Name of Authorized Person