



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2009

1. ID No. 000298628

2. Exact Name of the Limited Liability Company PUBLIC RISK UNDERWRITERS INSURANCE SERVICES OF TEXAS, LLC

3. State of Formation

State: TX

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Insurance-related business.

5. Principal Office Address

No. and Street: 2301 GREENVILLE AVENUE
SUITE 230

City or Town: RICHARDSON State: TX Zip: 75082 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DEBORAH EVANS - LEGAL DEPT. Contact Title: ADMINISTRATIVE ASSISTANT

No. and Street: 3101 W. MARTIN LUTHER KING JR. BLVD.
SUITE 400

City or Town: TAMPA State: FL Zip: 33607 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

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

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

Signed this 11 Day of February, 2009 at 3:17:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LAUREL L. GRAMMIG - SECRETARY
Signature of Authorized Person

Form No. 632
Revised 09/07