



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. 000163875

2. Exact Name of the Limited Liability Company Claimetrics Management, LLC

3. State of Formation

State: NV

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

The nature of the business and the purpose of the company shall be to act as agent, adjuster and third party administrator for insurance companies and employers in the service of accident and health, property, casualty, workers' compensation, surety, fire, marine, vehicle and any and all other lines of insurance; to apply for acquire and hold all licenses, permits and franchises necessary or useful in the pursuit of said purposes and to engage in all activities reasonably necessary in and incidental to the furtherance of its said purposes not otherwise prohibited by law.

5. Principal Office Address

No. and Street: 1005 TERMINAL WAY, SUITE 246

City or Town: RENO

State: NV Zip: 89502 Country: USA

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

Contact Name: Contact Title: REG ALDRICH

No. and Street: PO BOX 22475

City or Town: OKLAHOMA CITY

State: OK

Zip: 73123

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	A MARSHALL SNIPES	3417 PARTRIDGE ROAD OKLAHOMA CITY, OK 73120- USA

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

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

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

Signed this 1 Day of September, 2009 at 10:58:25 AM 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 JASON MORRIS
Signature of Authorized Person

Form No. 632
Revised 09/07

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