Filing Fee: \$20.00

ID Number: 000147841



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

CH	change of its resident agent and the address of its resident agent in the state of Knode Island as follow	VS.	
1.	The name of the limited liability company is: Rockhill Underwriting Management LLC		·
2.	2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode State is: 36 WASHINGTON SQUARE, NEWPORT RI 02840	Island S	ecretary of
3.	3. The NEW address of the resident agent is: 155 South Main Street, Suite 301, Providence, Rhode Island 02903	<u>e</u>	}
4.	 The name of the resident agent as PRESENTLY shown in the records on file with the Rhode I State is: MARK B. BARDORF, ESQ. 	sland S	SECONO CONTRACTOR AND
5.	5. The name of the NEW resident agent is: C T Corporation System	PM 12: 10	OF STATE
6.	 The appointment of a new resident agent and the change of address of the resident agent, as the obecome effective upon the filing of this statement. 	case ma	y be, shall
	Under penalty of perjury, I declare that contained herein is true and correct.	the in	nformation
Dat	Date: 2/9/2011 Rockhill Underwriting Management LLC		
-	FILED Print Name of Limited Liability Com Signature of Authorized Person Nichol McCroy, Manager	,	
	FEB 1 5 2011 Nichol McCroy, Manager		

RI085 - 11/28/2008 CT System Online

Form No. 642 Revised: 12/05