



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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2011

1. ID No. 000149217

2. Exact Name of the Limited Liability Company North Star Insurance Services, LLC

3. State of Formation

State: WA

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

INSURANCE SERVICES

5. Principal Office Address

No. and Street: 4039 - 21ST AVE. - SUITE 200

City or Town: SEATTLE

State: WA

Zip: 98199

Country: USA

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

Contact Name: KELLY LUBKOWSKI Contact Title: ADMIN ASST

No. and Street: 4039 - 21ST AVE. - SUITE 200

City or Town: SEATTLE

State: WA

Zip: 98199

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

MARK B. BARDORF, ESQ. 36 WASHINGTON SQUARE NEWPORT , RI 02840-

Signed this 27 Day of September, 2011 at 12:28:12 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 JOHN P. WALSH
Signature of Authorized Person

Form No. 632
Revised 09/07

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