RALPH MOL	State of Rhode Island and Pr		
	Office of the Secret		Fee: \$50.00
T 7 10	Division Of Busine	ss Services	
	148 W. River		
Contraction of the second	Providence RI 02	904-2615	
thetary of Ste	(401) 222-30)40	
Limited Liability Con	npany		
Annual Report Filing Period: September 1	1 - November 1		
	7-16-66(d), each limited liability con		
ïle its annual report within 7-16-66(b&c)) is subject to	thirty (30) days after the time prescril	ped by law (R.I.G.L.	
	a penalty lee of \$25.00.		
ANNUAL REPORT YEAR	a: <u>2011</u>		
1. ID No. <u>00034460</u>	9		
2. Exact Name of the L	imited Liability Company <u>Berkley</u>	Risk Administrators Company, I	<u>LLC</u>
3. State of Formation			
State: <u>MN</u>			
insurance services			
insurance services 5. Principal Office Addre	ess		
5. Principal Office Addr	ess DUTH NINTH STREET, SUITE 13	300	
5. Principal Office Addro		3 <u>00</u> State: <u>MN</u> Zip: <u>55402</u> C	Country: <u>USA</u>
5. Principal Office Addro No. and Street: <u>222 SO</u> City or Town: <u>MINNI</u>	UTH NINTH STREET, SUITE 13	State: <u>MN</u> Zip: <u>55402</u> C	Country: <u>USA</u>
5. Principal Office Addro No. and Street: <u>222 SO</u> City or Town: <u>MINNI</u>	OUTH NINTH STREET, SUITE 13 EAPOLIS imited Liability Company and Nam	State: <u>MN</u> Zip: <u>55402</u> C	Country: <u>USA</u>
 5. Principal Office Address No. and Street: <u>222 SO</u> City or Town: <u>MINNE</u> 6. Mailing Address of L Contact Name: Contact No. and Street: <u>222 SO</u> 	OUTH NINTH STREET, SUITE 13 EAPOLIS imited Liability Company and Nam Title: OUTH NINTH STREET, SUITE 13	State: <u>MN</u> Zip: <u>55402</u> C e or Title of Contact Person:	
 5. Principal Office Address No. and Street: <u>222 SO</u> City or Town: <u>MINNE</u> 6. Mailing Address of L Contact Name: Contact No. and Street: <u>222 SO</u> 	OUTH NINTH STREET, SUITE 13 EAPOLIS imited Liability Company and Nam Title:	State: <u>MN</u> Zip: <u>55402</u> C e or Title of Contact Person:	
5. Principal Office Address No. and Street: 222 SO City or Town: MINNH 6. Mailing Address of L Contact Name: Contact No. and Street: 222 SO City or Town: MINNH	UTH NINTH STREET, SUITE 13 EAPOLIS imited Liability Company and Nam Title: DUTH NINTH STREET, SUITE 13 EAPOLIS of Each Manager of the Limited Lia	State: \underline{MN} Zip: $\underline{55402}$ C e or Title of Contact Person: 300 State: \underline{MN} Zip: $\underline{55402}$ C	
5. Principal Office Address No. and Street: 222 SO City or Town: MINNI 6. Mailing Address of L Contact Name: Contact No. and Street: 222 SO City or Town: MINNI 7. Name and Address of	UTH NINTH STREET, SUITE 13 EAPOLIS imited Liability Company and Nam Title: DUTH NINTH STREET, SUITE 13 EAPOLIS of Each Manager of the Limited Lia	State: <u>MN</u> Zip: <u>55402</u> C ae or Title of Contact Person: <u>300</u> State: <u>MN</u> Zip: <u>55402</u> C	
 5. Principal Office Address No. and Street: <u>222 SO</u> City or Town: <u>MINNE</u> 6. Mailing Address of L Contact Name: Contact No. and Street: <u>222 SO</u> City or Town: <u>MINNE</u> 7. Name and Address of DO NOT LIST MEMBE 	OUTH NINTH STREET, SUITE 13 EAPOLIS imited Liability Company and Nam Title: OUTH NINTH STREET, SUITE 13 EAPOLIS of Each Manager of the Limited Lia	State: <u>MN</u> Zip: <u>55402</u> C e or Title of Contact Person: 300 State: <u>MN</u> Zip: <u>55402</u> C bility Company, if Applicable.	Country: <u>USA</u>
 5. Principal Office Address No. and Street: <u>222 SO</u> City or Town: <u>MINNE</u> 6. Mailing Address of L Contact Name: Contact No. and Street: <u>222 SO</u> City or Town: <u>MINNE</u> 7. Name and Address of DO NOT LIST MEMBE 	UTH NINTH STREET, SUITE 13 EAPOLIS imited Liability Company and Nam Title: UTH NINTH STREET, SUITE 13 EAPOLIS of Each Manager of the Limited Lia ERS Individual Name	State: <u>MN</u> Zip: <u>55402</u> C e or Title of Contact Person: 300 State: <u>MN</u> Zip: <u>55402</u> C bility Company, if Applicable. Address	Country: <u>USA</u> Code, Country SUITE 1300
 5. Principal Office Address No. and Street: 222 SO City or Town: MINNE 6. Mailing Address of L Contact Name: Contact No. and Street: 222 SO City or Town: MINNE 7. Name and Address of DO NOT LIST MEMBE 	UTH NINTH STREET, SUITE 13 EAPOLIS imited Liability Company and Nam Title: UTH NINTH STREET, SUITE 13 EAPOLIS of Each Manager of the Limited Lia ERS Individual Name First, Middle, Last, Suffix	State: <u>MN</u> Zip: <u>55402</u> C e or Title of Contact Person: 300 State: <u>MN</u> Zip: <u>55402</u> C bility Company, if Applicable. Address, City or Town, State, Zip C 222 SOUTH NINTH STREET, S	Country: <u>USA</u> Code, Country SUITE 1300 USA SUITE 1300

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 10 WEYBOSSET STREET 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 27 Day of October, 2011 at 3:09:21 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 EDWARD GERBER

Signature of Authorized Person

Form No. 632 Revised 09/07

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