



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2013

1. ID No. 000542040

2. Exact Name of the Limited Liability Company BIN INSURANCE HOLDINGS, LLC

3. State of Formation

State: DE

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

Business is an online insurance agency. The website is accessible to people in Rhode Island and business may provide services to those in Rhode Island. However, physical office and employees are not located in Rhode Island.

5. Principal Office Address

No. and Street: 1301 CENTRAL EXPY S. #115

City or Town: ALLEN

State: TX Zip: 75013 Country: USA

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

Contact Name: GINGER PRYOR Contact Title: FINANCE ADMINISTRATOR

No. and Street: 1301 CENTRAL EXPY S. #115

City or Town: ALLEN

State: TX Zip: 75013 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	JARED KAPLAN	30 N. LASALLE #2500 CHICAGO, IL 60602 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 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST

PROVIDENCE , RI 02914

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

Signed this 15 Day of August, 2013 at 11:13:39 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 GINGER PRYOR
Signature of Authorized Person

Form No. 632
Revised 09/07

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