

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	me of the limited liabili	ty company			—	
140571	Fleet Se	gregated Portfol	io, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island		Claims management					
5. Principal office address 16 International Way	Principal office address 16 International Way			State RI	Zip 02886		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		ledi.	
Contact Name Samuel H. Fleet			Contact Title			1.5.7.	
Street Address 16 International Way			City Warwick	State RI	Zip 02886		
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	<u>.</u>	
Manager Name Samuel H. Fleet			Manager Name				
Street Address 16 International Way			Street Address				
City Warwick	State RI	Zip 02886	City	State	Zip 2014	— کار	
Manager Name			Manager Name				
Street Address			Street Address 7				
City	State	Zip	City	State	Zip 📭 🤶	9	
B. RESIDENT AGENT IN RI	HODE ISLAND				- 2	ਯ	
This information is current	lly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.	<u> C</u>	\supset	
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FILED

SEP 17 2014 By 33441 A.A.

File Date	this report, including any accompanying schedules and statements		
Check No	and that all statements contained herein are true and correct	6/14	
By:	Signature of Authorized Person Date	ė	
FOR SECRETARY OF STATE USE ONLY	Samuel H. Fleet		
. ON OLD ILLIAM OF STATE GOL ONE!	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012