



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
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

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. 000592414 | | 2. Exact name of the limited liability company International Excess Alliance, LLC | | | |
| 3. State of Formation OH | | 4. Brief description of the character of business conducted in Rhode Island Insurance Agency | | | |
| 5. Principal office address 3700 Park East Drive, Suite # 250 | | | City Beachwood | State OH | Zip 44122 |
| Contact Name Antony E. DeMarco | | | Contact Title Member | | |
| Street Address 3700 Park East Drive, Suite # 250 | | | City Beachwood | State OH | Zip 44122 |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (* X BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

2015 APR 13 PM 12:08
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED

APR 13 2015
 By 246833
 A.A. 12:11 p.m

File Date _____
 Check No _____
 By: _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Antony E. DeMarco 4/13/15
 Signature of Authorized Person Date

Antony E. DeMarco
 Print or Type Name of Authorized Person