



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:** 2015

**1. ID No.** 000788558

**2. Exact Name of the Limited Liability Company** ReliaMax National, LLC

**3. State of Formation**

State: SD

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

Managing General Agent

**5. Principal Office Address**

No. and Street: 2300 EAST 54TH STREET N

City or Town: SIOUX FALLS

State: SD

Zip: 57104

Country: USA

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

Contact Name: KATHY SCHROEDER Contact Title: ASST. CONTROLLER

No. and Street: 2300 EAST 54TH STREET, N

City or Town: SIOUX FALLS

State: SD

Zip: 57104

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | PETER SHAW                                     | 2300 EAST 54TH STREET N.<br>SIOUX FALLS, SD 57104 USA      |
| MANAGER | MICHAEL VANERDEWYK                             | 2300 EAST 54TH STREET, N<br>SIOUX FALLS, SD 57104 USA      |
| MANAGER | MARK PAYNE                                     | 2300 EAST 54TH STREET N.<br>SIOUX FALLS, SD 57104 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 October, 2015 at 11:57:18 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 PETER SHAW  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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