



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: 2016

1. ID No. 000135139

2. Exact Name of the Limited Liability Company INTERNATIONAL CATASTROPHE INSURANCE MANAGERS, LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

524126

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

ALL LAWFUL PURPOSES, INCLUDING, BUT NOT LIMITED TO, PROPERTY AND CASUALTY INSURANCE SERVICES.

5. Principal Office Address

No. and Street: 385 INTERLOCKEN CRESCENT  
SUITE 1100

City or Town: BROOMFIELD State: CO Zip: 80021 Country: USA

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

Contact Name: Contact Title:  
No. and Street: 385 INTERLOCKEN CRESCENT  
SUITE 1100

City or Town: BROOMFIELD State: CO Zip: 80021 Country: USA

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

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	ICAT COOPERATIEF U.A.	385 INTERLOCKEN CRESCENT SUITE 1100 BROOMFIELD, CO 80021 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 12 Day of October, 2016 at 10:15:52 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 MATT SMITH  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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