St	ate of Rhode Island and Pro	vidence Plantations	Fee: \$50.00
	Office of the Secreta	ry of State	
	Division Of Business		
148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-30		
Limited Liability Comp Annual Report Filing Period: September 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: 2017			
1. ID No. <u>000592414</u>			
2. Exact Name of the Limited Liability Company INTERNATIONAL EXCESS ALLIANCE, LLC			
3. State of Formation			
State: <u>OH</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>524210</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
INSURANCE AGENCY			
5. Principal Office Addres	S		
No. and Street:3700 PACity or Town:BEACH	<u>RK EAST DRIVE, SUITE 250</u> WOOD	State: <u>OH</u> Zip: <u>44122</u> C	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:   No. and Street: 3700 PARK EAST DRIVE, SUITE 250   City or Town: BEACHWOOD   State: OH   Zip: 44122   Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 16 Day of October, 2017 at 4:32:24 PM 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 MARCUS PENDER

Signature of Authorized Person

Form No. 632 Revised 09/07

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