



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED**Annual Report for the year: **2018**

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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 BY 66852  
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1. Entity ID Number <b>424355</b>		2. Exact name of the Limited Liability Company <b>DCB Insurance LLC</b>			
3. NAICS Code <b>531311</b>		4. Brief description of the character of business conducted in Rhode Island <b>Holding company for offshore captive.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>505 Narragansett Park Drive</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Robert M. Bolton</b>			Contact Title <b>Operating Manager</b>		
Street Address <b>505 Narragansett Park Drive</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Robert M. Bolton</b>			Manager Name		
Street Address <b>505 Narragansett Park Drive</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person <b>Robert M. Bolton</b>				Date <b>8-4-18</b>	
Signature of Authorized Person 					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov