s s	State of Rhode Island and P Office of the Secre		antations	Fee: \$50.00
	Division Of Busine 148 W. River Providence RI 02	Street		
HOPE	(401) 222-3			
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability co in thirty (30) days after the time pre penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2019</u>			
1. ID No. <u>00014689</u>	<u>0</u>			
2. Exact Name of the Li	mited Liability Company <u>BOUL</u>	DER CLAIMS	<u>, LLC</u>	
3. State of Formation				
State: <u>DE</u>				
	ARTICLE III			
0	Code that best describes the prima e information on <u>NAICS</u> can be four	•	ucted by the entity.	Download
<u>524126</u>				
4. Brief Description of th	e Character of the Business Whi	ch is Actually C	conducted in Rhoc	le Island
ALL LAWFUL PURPO	SES, INCLUDING, BUT NOT	LIMITED TO,	CLAIMS	
ADMINISTRATION SERVICES FOR PROP	ERTY AND CASUALTY INSU	RERS.		
5. Principal Office Addre	SS			
No. and Street: <u>385 IN</u> SUITE	TERLOCKEN CRESCENT			
	MFIELD	State: CO	Zip: <u>80021</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Na	me or Title of Co	ontact Person:	
Contact Name: Contact No. and Street: <u>385 IN</u> SUITE	TERLOCKEN CRESCENT			
	MFIELD	State: <u>CO</u>	Zip: <u>80021</u> Cour	ntry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Li RS	ability Compan	y, if Applicable.	
Title	Individual Name		Address	

First, Middle, Last, Suffix

INTERNATIONAL CATASTROPHE INSURANCE MANAGERS, LLC

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 9 Day of October, 2019 at 12:52:51 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 LAWRENCE LEHAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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