



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 135139		2. Exact name of the limited liability company INTERNATIONAL CATASTROPHE INSURANCE MANAGERS, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY AND CASUALTY INSURANCE			
5. Principal office address 3665 Discovery Drive Suite 300		City Boulder	State CO	Zip 80303	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name La Toya Boyd		Contact Title Compliance Assistant			
Street Address 3665 Discovery Drive Suite 300		City Boulder	State CO	Zip 80303	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Jack Graham		Manager Name			
Street Address 3665 Discovery Drive Suite 300		Street Address			
City Boulder	State CO	Zip 80303	City	State	Zip
Manager Name Matt Smith		Manager Name			
Street Address 3665 Discovery Drive Suite 300		Street Address			
City Boulder	State CO	Zip 80303	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM		Address			
Address 10 WEYBOSSET STREET		City PROVIDENCE		Zip 02903-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



135139

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.

File Date 12/15/05
Check No. 28133
By: b
FOR SECRETARY OF STATE USE ONLY

La Toya Boyd 9.20.05
Signature of Authorized Person Date
La Toya Boyd
Print or Type Name of Authorized Person



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3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Property & Casualty Insurance			
5. Principal office address 3665 Discovery Dr. Ste. 300		City Boulder	State CO	Zip 80303	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Matt Smith			Contact Title Manager		
Street Address 3665 Discovery Dr. Ste. 300		City Boulder	State CO	Zip 80303	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 5 1 3 9 *

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.

File Date	9/20/04
Check No	24317
By:	DA
FOR SECRETARY OF STATE USE ONLY	

Matt Smith **9/14/2004**
Signature of Authorized Person Date
MATT SMITH
Print or Type Name of Authorized Person