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State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

***A. Ralph Mollis,*** *Secretary of State*
*Corporations Division*
*148 W. River Street*
*Providence, RI 02904-2615*
*401.222.3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

***Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK***

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

| 1. Corporate ID No. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 000040793 | INTERNATIONAL EXCESS & TREATY MGRS | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 35 CENTER STREET, UNIT #3 PO BOX 846 | | WOLFEBORO | NH | 03894 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 603-569-8950 | NEW HAMPSHIRE | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| JAMES H. KELLEY | | | | | |
| Street Address | | | Street Address | | |
| 14 ABENAKEE DRIVE, PO BOX 857 | | | | | |
| City | State | Zip | City | State | Zip |
| WOLFEBORO | NH | 03894 | | | |
| Secretary Name | | | Treasurer Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| JAMES H. KELLEY | | | | | |
| Street Address | | | Street Address | | |
| 14 ABENAKEE DRIVE, PO BOX 857 | | | | | |
| City | State | Zip | City | State | Zip |
| WOLFEBORO | NH | 03894 | | | |
| Director Name | | | Director Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

**9. SHARES AUTHORIZED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100000 | COMMON STK NPV | |
| 100,000 | PREFERRED STK $100.00 | |
| 100,000 | PREFERRED STK $100.00 | |

**10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 7600 | | NPV |
| 60 | A | $100.00 |
| 494 | B | $100.00 |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

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.

James H. Kelley — 9/26/07
*Signature* — *Date*

JAMES H. KELLEY
*Print or Type Name*

PRESIDENT
*Title*

[redacted]

**FILED**
*File Date*
OCT 11 2007
*Check No.*
By: By
*By:*
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