RI SOS Filing Number: 200702640760 Date: 10/11/2007 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

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.

1. ID No.	2. Exact name of the limited liability company
119742	Brewer & Lord LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MASSACHUSETTS	INSURANCE SALES AND SERVICE

5. Principal office address	City	State	Zip
600 Longwater Dr., PO Box 9146	Norwell	MA	02061-9146

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
William K. McCann	CFO, Sr. Vice President

Street Address	City	State	Zip
600 Longwater Dr., PO Box 9146	Norwell	MA	02061-9146

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
John J. Zawilinski	600 Longwater Dr., PO Box 9146	Norwell	MA	02061-9146
Martin P. Hughes	55 East Jackson Blvd.	Chicago	IL	60604
Bruce D. Guthart	55 East Jackson Blvd.	Chicago	IL	60604

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CORPORATION SERVICE COMPANY	222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888-

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

[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.

9/24/07
Signature of Authorized Person *Date*

[redacted]
William K. McCann
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 11 2007
By: 9919
By
18839-30-193648
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07