



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

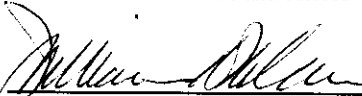
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 119742		2. Exact name of the limited liability company Brewer & Lord LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island INSURANCE SALES AND SERVICE	
5. Principal office address 600 Longwater Dr., PO Box 9146		City Norwell	State MA
		Zip 02061-9146	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William K. McCann		Contact Title CFO, Sr. Vice President	
Street Address 600 Longwater Dr., PO Box 9146		City Norwell	State MA
		Zip 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 John J. Zawilinski		Manager Name Martin P. Hughes	
Street Address 600 Longwater Dr., PO Box 9146		Street Address 55 East Jackson Blvd.	
City Norwell	State MA	City Chicago	State IL
Zip 02061-9146		Zip 60604	
Manager Name Bruce D. Guthart		Manager Name	
Street Address 55 East Jackson Blvd.		Street Address	
City Chicago	State IL	City	State
Zip 60604		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 CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

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

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

William K. McCann
Print or Type Name of Authorized Person

File Date **FILED**
Check No. **OCT 11 2007**
By: **9919**
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