



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

A. Ralph Mollis, Secretary of State
Corporations Division
198 W. River Street
Providence, RI 02904-2615
(401) 222-3960

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 120331		2. Name of Corporation Advantage Capital Insurance Agency, Inc.			
3. Street Address Principal Business Office 2300 Windy Ridge Pkwy #1100			City Atlanta	State GA	Zip 30339
4. Business Phone No. 770-916-6500		5. State of Incorporation GA			
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance Agent					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas Shipley			Vice President Name Daniel O. Williams		
Street Address 2300 Windy Ridge Pkwy #1100			Street Address 2300 Windy Ridge Pkwy #1100		
City Atlanta	State GA	Zip 30339	City Atlanta	State GA	Zip 30339
Secretary Name Thomas M. Wells			Treasurer Name Daniel O. Williams		
Street Address 2300 Windy Ridge Pkwy #1100			Street Address 2300 Windy Ridge Pkwy #1100		
City Atlanta	State GA	Zip 30339	City Atlanta	State GA	Zip 30339
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph B. Gruber			Director Name Steven Rothstein		
Street Address 2300 Windy Ridge Pkwy #1100			Street Address 2300 Windy Ridge Pkwy #1100		
City Atlanta	State GA	Zip 30339	City Atlanta	State GA	Zip 30339
Director Name Thomas Shipley			Director Name		
Street Address 2300 Windy Ridge Pkwy #1100			Street Address		
City Atlanta	State GA	Zip 30339	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	No Par	100	Common	No Par

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.

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.

Signature Date 1/11/08

Daniel O. Williams

Print or Type Name

Vice President / Treasurer

Title

FILED	
File Date	JAN 28 2008
Check No.	
By	DS 84000646
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