



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 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 proscribed 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. 147314		2. Name of Corporation KBK Premium Services, Inc.			
3. Street Address Principal Business Office 1425 Sams Avenue, Suite 201			City Harahan	State LA	Zip 70123
4. Business Phone No. (781) 581-9800		5. State of Incorporation Louisiana			
6. Brief Description of the Character of Business Conducted in Rhode Island Non-Resident Insurance Agency Sales and Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth P. Murray		Vice President Name Kyle D. Murray			
Street Address 1425 Sams Avenue, Suite 201		Street Address 1425 Sams Avenue, Suite 201			
City Harahan	State LA	Zip 70123	City Harahan	State LA	Zip 70123
Secretary Name Brett A. Murray		Treasurer Name Brett A. Murray			
Street Address 1425 Sams Avenue, Suite 201		Street Address 1425 Sams Avenue, Suite 201			
City Harahan	State LA	Zip 70123	City Harahan	State LA	Zip 70123
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth P. Murray		Director Name Kyle D. Murray			
Street Address 1425 Sams Avenue, Suite 201		Street Address 1425 Sams Avenue, Suite 201			
City Harahan	State LA	Zip 70123	City Harahan	State LA	Zip 70123
Director Name Brett A. Murray		Director Name			
Street Address 1425 Sams Avenue, Suite 201		Street Address			
City Harahan	State LA	Zip 70123	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500	Common	No Par Value	1,500	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.

FILED	
File Date	FEB 29 2008
Check No.	By 113-98
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Brett Murray 02/26/08
Signature Date
BRETT A. MURRAY
Print or Type Name
SECRETARY/TREASURER
Title