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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 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.	2. Name of Corporation			
140652	Tranzsubco I Corp.			
3. Street Address Principal Business Office		City	State	Zip
2200 Fletcher Avenue, 4th Floor		Fort Lee	NJ	07024
4. Business Phone No.	5. State of Incorporation			
201-461-5665	DE			

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

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

President Name			Vice President Name		
David Graf			David Byron		
Street Address			Street Address		
2200 Fletcher Avenue, 4th Floor			2200 Fletcher Avenue, 4th Floor		
City	State	Zip	City	State	Zip
Fort Lee	NJ	07024	Fort Lee	NJ	07024
Secretary Name			Treasurer Name		
Larry Lundgren			Larry Lundgren		
Street Address			Street Address		
2200 Fletcher Avenue, 4th Floor			2200 Fletcher Avenue, 4th Floor		
City	State	Zip	City	State	Zip
Fort Lee	NJ	07024	Fort Lee	NJ	07024

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

Director Name			Director Name		
David Graf			Larry Lundgren		
Street Address			Street Address		
2200 Fletcher Avenue, 4th Floor			2200 Fletcher Avenue, 4th Floor		
City	State	Zip	City	State	Zip
Fort Lee	NJ	07024	Fort Lee	NJ	07024
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
1000	Common	$0.01

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	Common	$0.01

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.

Lauren R Lundgren 3/4/08
Signature *Date*

Larry Lundgren
Print or Type Name

Treasurer
Title

[redacted]

FILED
File Date MAR 07 2008
Check No.
By: By 1046

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Form 630 Rev. 12/06