RI SOS Filing Number: 200835499680 Date: 09/18/2008 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 2008

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
158642	VOLVO INSURANCE SERVICES LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
North Carolina	Non-Resident Insurance Agency offering commercial coverages

5. Principal office address	City	State	Zip
7025 Albert Pick Road, Suite 105	Greensboro	NC	27409

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

Contact Name	Contact Title
Barbara Carlson-Romaine	Legal Compliance Specialist

Street Address	City	State	Zip
7025 Albert Pick Road, Suite 105	Greensboro	NC	27409

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
Martin P. Weissburg	7025 Albert Pick Road, Suite 105	Greensboro	NC	27409
Leo G. Hawkes	7025 Albert Pick Road, Suite 105	Greensboro	NC	27409
Steven C. Nett	7025 Albert Pick Road, Suite 105	Greensboro	NC	27409

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
CT Corporation System	10 Weybosset Street	Providence	02903

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

158642

File Date	FILED
Check No.	SEP 18 2008
By:	By 12381

FOR SECRETARY OF STATE USE ONLY

25955-29-2776422

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.

Steven C. Nett

Signature of Authorized Person *Date*

Steven C. Nett, Manager

Print or Type Name of Authorized Person

Form 632 Rev. 07/07