



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 2009

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. 122747		2. Name of Corporation J.P. Newco Inc.	
3. Street Address Principal Business Office 2423-A Plantation Center Drive		City Matthews	State NC
4. Business Phone No. 704-708-5473		5. State of Incorporation IOWA	
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance Services. Mailing Address: P.O. Box 1300 Matthews, NC 28106			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Patrick Sutherland		Vice President Name	
Street Address 2423-A Plantation Center Drive		Street Address	
City Matthews	State NC	Zip 28105	City
Secretary Name Janique Lawrence		Treasurer Name	
Street Address 2423-A Plantation Center Drive		Street Address	
City Matthews	State NC	Zip 28105	City
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Patrick Sutherland		Director Name	
Street Address 2423-A PLANTATION CENTER DRIVE		Street Address	
City MATTHEWS	State NC	Zip 28105	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 10	Class/Series Common
		Par Value 0	

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.

File Date **FILED**
 Check No. **JAN 12 2009**
 By: **By 1089**
 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.

[Signature]
 Signature
 Patrick Sutherland
 Print or Type Name
 Patrick Sutherland
 Title
 Director
 Date
 12/31/08