



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. 136397		2. Name of Corporation Brush Insurance Holdings, Inc.			
3. Street Address Principal Business Office 528 Putnam Pike/P.O. Box 550			City Greenville	State RI	Zip 02828
4. Business Phone No. 401-949-0559		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO INVEST IN ONE OR MORE INSURANCE AGENCIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nancy R. Brush-Mendizabal			Vice President Name David A. Brush		
Street Address 528 Putnam Pike/P.O. Box 550			Street Address 528 Putnam Pike/P.O. Box 550		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Nancy R. Brush-Mendizabal			Treasurer Name David A. Brush		
Street Address 528 Putnam Pike/P.O. Box 550			Street Address 528 Putnam Pike/P.O. Box 550		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nancy R. Brush-Mendizabal			Director Name David A. Brush		
Street Address 528 Putnam Pike/P.O. Box 550			Street Address 528 Putnam Pike/P.O. Box 550		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
8,000	\$1.00 PAR VALUE		200	Common	\$1.00

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

Nancy R. Brush-Mendizabal

Print or Type Name

President

Title

File Date	FILED
Check No.	MAR 02 2009
By:	By 6409
FOR SECRETARY OF STATE USE ONLY	