



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 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 125743		2. Exact name of the limited liability company Parker Stevens Agency, L.L.C			
3. State of Formation Wisconsin		4. Brief description of the character of the business which is actually conducted in Rhode Island Insurance Services			
5. Principal office address 1800 North Point Drive		City Stevens Point	State WI	Zip 54481-1283	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joel Schult		Contact Title Finance Specialist			
Street Address 1800 North Point Drive		City Stevens Point	State WI	Zip 54481-1283	
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) <input type="checkbox"/>					
Manager Name Dale R Schuh		Manager Name Janet L Fagan			
Street Address 1800 North Point Drive		Street Address 1800 North Point Drive			
City Stevens Point	State WI	Zip 54481-1283	City Stevens Point	State WI	Zip 54481-1283
Manager Name William J Lohr		Manager Name William M. O'Reilly			
Street Address 1800 North Point Drive		Street Address 1800 North Point Drive			
City Stevens Point	State WI	Zip 54481-1283	City Stevens Point	State WI	Zip 54481-1283
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

125743

FILED	
File Date	SEP 14 2009
Check No.	
By:	By: <u>1031817</u>
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.

Joel Schult 9/10/09
Signature of Authorized Person Date
Joel Schult
Print or Type Name of Authorized Person