



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. 512566		2. Name of Corporation Appalachian Underwriters, Inc.		
3. Street Address Principal Business Office 800 Oak Ridge Turnpike # A-1000		City Oak Ridge	State TN	Zip 37830
4. Business Phone No. (865) 425-7461		5. State of Incorporation Tennessee		
6. Brief Description of the Character of Business Conducted in Rhode Island Insurance Sales				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert J. Arrowood		Vice President Name NONE		
Street Address 800 Oak Ridge Turnpike # A-1000		Street Address		
City Oak Ridge	State TN	Zip 37830	City	State
Secretary Name Gary Jarnigan		Treasurer Name NONE		
Street Address 800 Oak Ridge Turnpike # A-1000		Street Address		
City Oak Ridge	State TN	Zip 37830	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Robert J. Arrowood		Director Name NONE		
Street Address 800 Oak Ridge Turnpike # A-1000		Street Address		
City Oak Ridge	State TN	Zip 37830	City	State
Director Name Gary Jarnigan		Director Name NONE		
Street Address 800 Oak Ridge Turnpike # A-1000		Street Address		
City Oak Ridge	State TN	Zip 37830	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
1,000	Common Stock NPV		Number of Shares	Class/Series
			1,000	Common Stock NPV

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.

FILED	
File Date OCT 07 2009	
Check No. By 91341	
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 Robert J. Arrowood Date 10/5/09
Print or Type Name Robert J. Arrowood
Title President