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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 2008

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(c), 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.	2. Name of Corporation
512566	Appalachian Underwriters, Inc.

3. Street Address Principal Business Office	City	State	Zip
800 Oak Ridge Turnpike # A-1000	Oak Ridge	TN	37830

4. Business Phone No.	5. State of Incorporation
(865) 425-7461	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Robert J. Arowood	
Street Address: 800 Oak Ridge Turnpike # A-1000	Street Address:
City: Oak Ridge / State: TN / Zip: 37830	City: / State: / Zip:
Secretary Name: Gary Jarnigan	Treasurer Name:
Street Address: 800 Oak Ridge Turnpike # A-1000	Street Address:
City: Oak Ridge / State: TN / Zip: 37830	City: / State: / Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Robert J. Arowood	
Street Address: 800 Oak Ridge Turnpike # A-1000	Street Address:
City: Oak Ridge / State: TN / Zip: 37830	City: / State: / Zip:
Director Name: Gary Jarnigan	Director Name:
Street Address: 800 Oak Ridge Turnpike # A-1000	Street Address:
City: Oak Ridge / State: TN / Zip: 37830	City: / State: / Zip:

2009 OCT -7 AM 10:28

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*
1,000	Common Stock	NPV	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.

[redacted] [redacted]

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 [redacted] *Date* 10/5/09

Robert J. Arowood
Print or Type Name

[redacted]
President
Title

File Date	FILED
Check No.	OCT 07 2009
By:	By 91340

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Form 630 Rev. 12/06