



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

2010

1. Corporate ID No. <b>124024</b>		2. Name of Corporation Sentinel Security Plans, Inc				
3. Street Address Principal Business Office 1929 Allen Parkway		<sup>City</sup> Houston	State Texas	<i>‰</i> 77019		
4. Business Phone No. 5. State of Incorporation VA						
6. Brief Description of the Cl General Insurance A	baracier of Business Conducte gency	d in Rhode Island				
	RESSES OF THE OFFIC	ERS: ("X" BOX FOR ATTA	. —	SPACES BEFORE USING	ATTACHMENTS	
President Name Thomas M. Reichert			Vice President Name Kathleen S. Isaac			
Street Address			Street Address			
1929 Allen Parkwa	У		1929 Allen Parkwa	ay		
<sub>City</sub> Houston	State Texas	<sup>Zip</sup> 77019	City Houston	State Texas	<sup>ℤւր</sup> 77019	
Secretary Name Janet S. Key			Treasurer Name Myrtle L. Jones			
Street Address 1929 Allen Parkway			Street Address 1929 Allen Parkway			
City Houston	State Texas	<sup>Zip</sup> 77019	City Houston	State Texas	<sup>Zip</sup> 77019	
8. NAMES AND ADDI	RESSES OF THE DIREC	TORS: ("X" BOX FOR ATT		IN SPACES BEFORE USI	NG ATTACHMENT	
Director Name Thomas M. Reicheert			Director Name Paul D. Elliott			
Street Address 1929 Allen Parkway			Street Address 1929 Allen Parkway			
City	State	Ζψ   77019	City Houston	State Texas	<i>Ζφ</i> 77019	
Houston  Director Name	Texas	] / / / / / / / / / / / / / / / / /	Director Name	Tiexaa		
Gerry D. Heard				<u> </u>		
Street Address 1929 Allen Parkwa	iv		Street Address		,	
City	State	Zip	City	State	Zip	
Houston Texas 77019 9. shares authorized			10. SHARES ISSUE	 D ("X" BOX FOR ATTAG	 CHMENT) □	
			<del></del>	SECTION MUST BE COMPLETE		
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.			Number of Shares	Class/Series	Par Value	
			5,000	CWP	1.00	
This report must be exthis report must be ex	xecuted on behalf of the	e corporation by an authoriz corporation by the receiver	ed representative. If the or trustee.	e corporation is in the han	ds of a receiver o	
					ľ	
<del></del>				of perjury, I declare and affirm		
				ccompanying schedules and a	1,	
. FILE	<b>n</b>		contained herei	n are true and correct.	3/14/201	

Signature Myrtle L. Jones Print or Type Name Treasurer FOR SECRETARY OF STATE USE ONLY Title