

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 2011

1. Corporate 1D No. 132374	RSC Inst	2. Name of Corporation RSC Insurance Brokerage Inc.				
3. Street Address Principal Business Office 160 Federal St.			City: Boston	State MA	7.ip 02110	
4. Business Phone No. 5. State of Incorporation Deleware						
 Brief Description of the Cha Risk Management/Inst 	ırance Brokerage	Firm			<u> </u>	
NAMES AND ADDRE President Name Michael Christian	SSES OF THE OF	FICERS: ("X" BOX FOR ATT	ACHMENT) TILL IN SPA Vice President Name	ACES BEFORE USING	G ATTACHMENTS	
treet Address 160 Federal St.			Street Address		<u></u>	
Gity Boston	State MA	^{Zip} 02110	City	State	Zip	
ecretary Name August Gangi			Treasurer Name John Vaglica			
Street Address 160 Federal St.			Street Address 160 Federal St			
30ston	State MA	02110	City Boston	State MA	Zip 02110	
Villiam Mahone	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) THILL IN SI Director Name Frank Medici	PACES BEFORE USIN	NG ATTACHMENTS	
Street Address Berkley Capital LLC-475 Steamboat RD			Street Address Berkley Capital LLC-475 Steamboat RD			
n: Greenwich	State CT	7ip 06830	City Greenwich	State CT	Ζίρ 06830	
irector Name Michael Christian			Director Name August Gangi			
reet Address 60 Federal St.			Street Address 160 Federal St			
Boston	State MA	2ψ 02110	City: Boston	State MA	<i>хір</i> 02110	
SHARES AUTHORIZE	D	_	10. SHARES ISSUED ("2 ISSUED SHARES — THIS SECTION	X" BOX FOR ATTAC	HMENT)	
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	
			868,037	Common		
			750,784 & 1,032568	A&B	<u> </u>	
is report must be execu is report must be execu	ited on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the corpor trustee.	pration is in the hand	s of a receiver or tru	
FI	ED		Under penalty of perjur	y, I declare and affirm t	hat I have examined th	

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File DateFEB 0 2 2011	contained herein are true and correct.
Check No. By MMC	Aignature Date Kristie Goodgion
By: 37/7	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Controller
	Form 630 Rev. 08/08