



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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.*

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000482465

**2. Exact Name of the Limited Liability Company** Oncor Insurance Services, LLC

**3. State of Formation**

State: IA

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Insurance Agency

**5. Principal Office Address**

No. and Street: 4333 EDGEWOOD ROAD NE MS 3110

City or Town: CEDAR RAPIDS

State: IA Zip: 52499 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 870 GLENN DRIVE

City or Town: FOLSOM

State: CA

Zip: 95630

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	JAMES M FLEWELLEN	1150 SOUTH OLIVE STREET LOS ANGELES, CA 90015 USA
MANAGER	TIMOTHY F KNEELAND	4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499 USA
MANAGER	KEVIN CRIST	4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499 USA
MANAGER	GEORGE W FINLEY	1150 SOUTH OLIVE STREET LOS ANGELES, CA 90015 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

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

**Signed this 29 Day of August, 2011 at 4:26:14 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By GEORGE W. FINLEY  
Signature of Authorized Person

Form No. 632  
Revised 09/07