State of Rhode Island and Providence Plantations Office of the Secretary of State       Fee: \$50.0         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040       Foreign Business Corporation Annual Report         Foreign Business Corporation Annual Report With Util (20) days after the time prescribed by law (R.I.G.L. 7-12-1501 (68.0) is subject to a penalty fee of S20.0       ANNUAL REPORT YEAR: 2013         1. Corporate ID No.       000147853         2. Name of Corporation MBA Insurance Agency of Arizona, Inc.         3. Street Address Principal Business Office:         No. and Street:       \$335 EAST EVANS ROAD City or Town:         ScotTISDALE       State: AZ         A.Business Phone No.         4809461066         5. State of Incorporation State: AZ         6. Brief Description of the Character of Business Conducted in Rhode Island         TO ACT AS AN AGENT AND/OR BROKER FOR PROPERTY AND CASUALTY, LIFE, ACCIDENT AND HEALTH INSURANCE         7. Names and Addresses of the Officers and Directors:         All officers and directors must be listed.         Title       Individual Name First, Middle, Last, Suffix         Address       Address         Shares Authorized and Issued       Class of Stock						
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Foreign Business Corporation Annual Report         Filing Period: January 1 - March 1         In accordance with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or refusing to file its and failing or failing or refusing to file its annual report with RI.G.L. 7-12-1501(e), each corporation failing or fail	RALPH MORE State					Fee: \$50.0
Annual Report         Filing Period: January 1 - March 1         in accordance with RI.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-1.2-1501         annual report with RI.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report with RI.G.L. 7-1.2-1501         aNNUAL REPORT YEAR: 2013         1. Corporate ID No.       000147853         2. Name of Corporation MBA Insurance Agency of Arizona, Inc.         3. Street Address Principal Business Office:         No. and Street:       \$383 EAST EVANS ROAD         City or Town:       SCOTTSDALE         State: AZ       Zip: \$5260       Country: USA         4. Business Phone No.       4809461066         5. State of Incorporation       State: AZ       Zip: \$5260       Country: USA         6. Brief Description of the Character of Business Conducted in Rhode Island       TO ACT AS AN AGENT AND/OR BROKER FOR PROPERTY AND CASUALTY, LIFE, ACCIDENT AND HEALTH INSURANCE         7. Names and Addresses of the Officers and Directors:       All officers and directors must be listed.         Title       Individual Name       Address         First, Middie, Last. Suffix       Address       Address, Clay or Town, State, Zip Code, Country         PRESIDENT       BERT ALANKO       6245 NORTH HOGHN         PARADISE VALLEY, AZ 85253- USA       Shares Authorized and I	Secretary of State	148 W. Providence	River Sta RI 0290	reet 4-2615		
annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 lockd)) is subject to a penalty fee of \$25.0.0.  ANNUAL REPORT YEAR: 2013  1. Corporate ID No. 000147853  2. Name of Corporation <u>MBA Insurance Agency of Arizona, Inc.</u> 3. Street Address Principal Business Office: No. and Street: 8383 EAST EVANS ROAD City or Town: SCOTTSDALE State: <u>AZ</u> zip: 85260 Country: USA  4. Business Phone No. 4809461066  5. State of Incorporation State: <u>AZ</u> 6. Brief Description of the Character of Business Conducted in Rhode Island  TO ACT AS AN AGENT AND/OR BROKER FOR PROPERTY AND CASUALTY, LIFE, <u>ACCIDENT AND HEALTH INSURANCE</u> 7. Names and Addresses of the Officers and Directors: All officers and directors must be listed.  Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country PRESIDENT BERT ALANKO 2024 NORTH HOGHN PARADISE VALLEY, AZ 85253-USA  8. Shares Authorized and Issued  Total Issued	Annual Report					
1. Corporate ID No.       000147853         2. Name of Corporation       MBA Insurance Agency of Arizona, Inc.         3. Street Address Principal Business Office:         No. and Street:       8383 EAST EVANS ROAD City or Town:         SCOTTSDALE       State: AZ         Zip:       85260         Country:       USA         4. Business Phone No.       4809461066         5. State of Incorporation       State: AZ         State:       AZ         6. Brief Description of the Character of Business Conducted in Rhode Island         TO ACT AS AN AGENT AND/OR BROKER FOR PROPERTY AND CASUALTY, LIFE, ACCIDENT AND HEALTH INSURANCE         7. Names and Addresses of the Officers and Directors:         All officers and directors must be listed.         Title       Individual Name         First, Middle, Last, Suffix       Address         Address       Address         PRESIDENT       BERT ALANKO         BERT ALANKO       6245 NORTH HOGHN         PARADISE VALLEY, AZ 86263-USA       BERT ALANKO         8. Shares Authorized and Issued       Total Issued	nnual report within thirty (30) day	vs after the time presci				
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No. and Street: <u>8383 EAST EVANS ROAD</u> SCOTTSDALE       State: <u>AZ</u> Zip: <u>85260</u> Country: <u>USA</u> 4. Business Phone No. <u>4809461066</u> 5. State of Incorporation State: <u>AZ</u> 6. Brief Description of the Character of Business Conducted in Rhode Island         TO ACT AS AN AGENT AND/OR BROKER FOR PROPERTY AND CASUALTY, LIFE, <u>ACCIDENT AND HEALTH INSURANCE</u> 7. Names and Addresses of the Officers and Directors:         All officers and directors must be listed.         Title       Individual Name First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country         PRESIDENT       BERT ALANKO         8. Shares Authorized and Issued       Total Issued	2. Name of Corporation $\underline{MBA}$	A Insurance Agency of	of Arizona	ı, Inc.		
City or Town:       SCOTTSDALE       State: AZ       Zip:       85260       Country: USA         4. Business Phone No.       4809461066         5. State of Incorporation       5         State:       AZ       6         6. Brief Description of the Character of Business Conducted in Rhode Island         TO ACT AS AN AGENT AND/OR BROKER FOR PROPERTY AND CASUALTY, LIFE, ACCIDENT AND HEALTH INSURANCE         7. Names and Addresses of the Officers and Directors:         All officers and directors must be listed.         Title       Individual Name         First, Middle, Last, Suffix       Address         Address       City or Town, State, Zip Code, Country         PRESIDENT       BERT ALANKO         6245 NORTH HOGHN       PARADISE VALLEY, AZ 85253- USA         8. Shares Authorized and Issued       Total Issued	3. Street Address Principal Bu	siness Office:				
4809461066         5. State of Incorporation         State: AZ         6. Brief Description of the Character of Business Conducted in Rhode Island         TO ACT AS AN AGENT AND/OR BROKER FOR PROPERTY AND CASUALTY, LIFE, ACCIDENT AND HEALTH INSURANCE         7. Names and Addresses of the Officers and Directors:         All officers and directors must be listed.         Title       Individual Name         First, Middle, Last, Suffix       Address         PRESIDENT       BERT ALANKO         6245 NORTH HOGHN       PARADISE VALLEY, AZ 85253- USA			Stat	e: <u>AZ</u> Zip	o: <u>85260</u> Cou	ntry: <u>USA</u>
5. State of Incorporation         State: AZ         6. Brief Description of the Character of Business Conducted in Rhode Island         TO ACT AS AN AGENT AND/OR BROKER FOR PROPERTY AND CASUALTY, LIFE, ACCIDENT AND HEALTH INSURANCE         7. Names and Addresses of the Officers and Directors:         All officers and directors must be listed.         Title       Individual Name First, Middle, Last, Suffix         Address         PRESIDENT       BERT ALANKO         BERT ALANKO       6245 NORTH HOGHN PARADISE VALLEY, AZ 85253-USA         8. Shares Authorized and Issued       Total Issued	4. Business Phone No.					
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ACCIDENT AND HEALTH INSURANCE         7. Names and Addresses of the Officers and Directors:         All officers and directors must be listed.         Title       Individual Name         First, Middle, Last, Suffix       Address         PRESIDENT       BERT ALANKO         6245 NORTH HOGHN         PARADISE VALLEY, AZ 85253- USA	6. Brief Description of the Cha	racter of Business C	onducted	l in Rhode Is	sland	
All officers and directors must be listed.         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         PRESIDENT       BERT ALANKO       6245 NORTH HOGHN         PARADISE VALLEY, AZ 85253- USA    8. Shares Authorized and Issued          Total Issued	ACCIDENT AND HEALTH	INSURANCE		ERTY AND	OCASUALTY, I	<u>LIFE,</u>
First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         PRESIDENT       BERT ALANKO       6245 NORTH HOGHN         PARADISE VALLEY, AZ 85253- USA       PARADISE VALLEY, AZ 85253- USA         8. Shares Authorized and Issued       Total Issued						
PRESIDENT     BERT ALANKO     6245 NORTH HOGHN PARADISE VALLEY, AZ 85253- USA       8. Shares Authorized and Issued     Total Issued	Title					
8. Shares Authorized and Issued	PRESIDENT					
Total Issued				PARAD	NSE VALLEY, AZ 852	53- USA
	8. Shares Authorized and Issu	ed				
	Class of Stock	Series of Stock	Dar \/ali	a Dar Shara		

		Total Authorized Shares Number of Shares	Outstanding Num of Shares
CWP	\$0.1000	100,000.00	30000

9. 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.

**Signed this 24 Day of January, 2013 at 4:30:43 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By BERT ALANKO

Signature of Authorized Representative of the Corporation

PRESIDENT Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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