STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
132374	RSC Insurance Brokerage Inc

3. Principal office address	City	State	Zip
160 Federal St	Boston	MA	02110

4. Business Phone No.	5. State of Incorporation
617-330-5700	Deleware

6. Brief description of the character of business conducted in Rhode Island
Risk Management/Insurance Broker

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
John Wilcox	160 Federal St	Boston	MA	02110

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
August Gangi	160 Federal St	Boston	MA	02110

Treasurer Name	Street Address	City	State	Zip
John Vaglica (CFO)	160 Federal St	Boston	MA	02110

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Michael Christian (CEO)	160 Federal St	Boston	MA	02110
Frank Medici	Berkley Capital 475 Steamboat Rd	Greenwich	CT	06830

Director Name	Street Address	City	State	Zip
August Gangi	160 Federal St	Boston	MA	02110
William Mahone	Berkley Capital 475 Steamboat Rd	Greenwich	CT	06830

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
868,037	Common Stock	.01
750,784/1,032568	Preferred A/B	.01

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.

FILED

File Date FEB 21 2013

Check No BY 11029

By:

FOR SECRETARY OF STATE USE ONLY

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 of Authorized Representative — Date 2/16/12

Kristie Goodgion
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012