



**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

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000555345

**2. Name of Corporation** Iroquois Life, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 35 WEST MAIN STREET

City or Town: ALLEGANY

State: NY

Zip: 14706

Country: USA

**4. Business Phone No.**

7163735511

**5. State of Incorporation**

State: NY

**6. Brief Description of the Character of Business Conducted in Rhode Island**

INSURANCE AGGREGATOR

**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	MARK G HENDRIX	1486 E STATE ROAD OLEAN, NY 14760 USA
TREASURER	LAURIE A BRANCH	304 VAN BUREN OLEAN, NY 14760 USA
SECRETARY	AMY L BRANCH-BENOLIEL	520 EAST GRAVERS LANE WYNDMOOR, PA 19038 USA
VICE PRESIDENT	JOSEPH G CHIAPUSO	1729 MOODY HOLLOW RD ELDRED, PA 16731 USA
ASSISTANT SECRETARY	LAURIE A BRANCH	304 VAN BUREN

		OLEAN, NY 14760 USA
DIRECTOR	LAURIE A BRANCH	304 VAN BUREN OLEAN, NY 14760 USA
DIRECTOR	JOSEPH G CHIAPUSO	1729 MOODY HOLLOW RD ELDRED, PA 16371 USA
DIRECTOR	MARK G HENDRIX	1486 EAST STATE RD OLEAN, NY 14760 USA
DIRECTOR	AMY L BRANCH-BENOLIEL	520 EAST GRAVERS LANE WYNDMOOR, PA 19038 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	200.00	99

**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 10 Day of February, 2015 at 2:47:45 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 LAURIE A BRANCH  
Signature of Authorized Representative of the Corporation

**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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