



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 2015

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. <u>322932</u>		2. Exact name of the Corporation <u>Futurity First Insurance Group Inc.</u>					
3. Principal office address <u>500 Enterprise Dr. Suite 4C</u>		City <u>Rocky Hill</u>	State <u>CT</u>	Zip <u>06067</u>			
4. Business Phone No. <u>860-838-4</u>		5. State of Incorporation <u>DE</u>					
6. Brief description of the character of business conducted in Rhode Island <u>Insurance</u>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <u>Michael Kalen (CEO)</u>		Vice President Name <u>Peter Lahaie (CFO)</u>					
Street Address <u>500 Enterprise Dr. Suite 4C</u>		Street Address <u>500 Enterprise Dr. Suite 4C</u>					
City <u>Rocky Hill</u>	State <u>CT</u>	Zip <u>06067</u>	City <u>Rocky Hill</u>	State <u>CT</u>			
Secretary Name <u>Emanuel Romero (COO + V.P.)</u>		Treasurer Name					
Street Address <u>500 Enterprise Dr. Suite 4C</u>		Street Address					
City <u>Rocky Hill</u>	State <u>CT</u>	Zip <u>06067</u>	City	State			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <u>Michael Kalen</u>		Director Name <u>Peter Lahaie</u>					
Street Address <u>500 Enterprise Dr. Suite 4C</u>		Street Address <u>500 Enterprise Dr. Suite 4C</u>					
City <u>Rocky Hill</u>	State <u>CT</u>	Zip <u>06067</u>	City <u>Rocky Hill</u>	State <u>CT</u>			
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State			
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <u>100</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>0.001</u>

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.

File Date

Check No

By

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

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 26 2015

By 243195

Print or Type Name of Authorized Representative

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