



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

113400

2. Name of Corporation

First American Admininstrators, Inc.

3. Street Address Principal Business Office

4000 Luxottica Place

City

Mason

State

OH

Zip

45040

4. Business Phone No.

866-631-3145

5. State of Incorporation

ARIZONA

6. SIC Code

9886

7. Brief Description of the Character of Business Conducted in Rhode Island

To operate as a Third Party Administrator

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Kerry Bradley

Street Address

4000 Luxottica Place

City

Mason

State

OH

Zip

45040

Secretary Name

Mildred Curtis

Street Address

4000 Luxottica Place

City

Mason

State

OH

Zip

45040

Vice President Name

Kevin Hassay

Street Address

4000 Luxottica Place

City

Mason

State

OH

Zip

45040

Treasurer Name

Jack Dennis

Street Address

4000 Luxottica Place

City

Mason

State

OH

Zip

45040

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Kerry Bradley

Street Address

4000 Luxottica Place

City

Mason

State

OH

Zip

45040

Director Name

Jack Dennis

Street Address

4000 Luxottica Place

City

Mason

State

OH

Zip

45040

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 3 4 0 0 \*

File Date:

2-18-03

Check No.:

1680917

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.

Mildred Curtis 2-7-03

Signature of Officer

Date

Mildred Curtis - Secretary

Print or Type Name of Officer

Secretary

Title of Officer

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Form 630 12/02