



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 2016

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. 136397		2. Exact name of the Corporation Brush Insurance Holdings, Inc.				
3. Principal office address 528 Putnam Pike (PO Box 550)			City Greenville	State RI	Zip 02828	
4. Business Phone No. 401-949-0559			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To invest in one or more insurance agencies						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) (BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>						
President Name Nancy R. Brush-Mendizabal			Vice-President Name David A. Brush			
Street Address 528 Putnam Pike (PO Box 550)			Street Address 528 Putnam Pike (PO Box 550)			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828	
Secretary Name Nancy R. Brush-Mendizabal			Treasurer Name David A. Brush			
Street Address 528 Putnam Pike (PO Box 550)			Street Address 528 Putnam Pike (PO Box 550)			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) (BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>						
Director Name Nancy R. Brush-Mendizabal			Director Name David A. Brush			
Street Address 528 Putnam Pike (PO Box 550)			Street Address 528 Putnam Pike (PO Box 550)			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) (BOX FOR ATTACHMENT) <input checked="" 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	CLASS/SERIES	PAR VALUE
				200	common	no par value

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
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 16 2016

By KL 10501

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

Nancy R. Brush-Mendizabal

Print or Type Name of Authorized Representative