

State of Rhode Island and Providence Plantations Office of the Secretary of State ${}^{\circ}$

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL	REPORT FOR THE YEAR	2005

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	_	Fce: \$50.00			
1. Corporate ID No.	2. Name of Corporation				
110207	USI Consulting G	Group, Inc.			
3. Street Address Principal Business Of Gluton Wy	Cood, -	, many	Glastenbury	State	04033
4. Business Phone No. (NO) (033 - 1	5283	5. State of Incorporation CONNECTICUT	-	· · · · · · · · · · · · · · · · · · ·	6. SIC Code 7286
7. Brief Description of the Character of TRANSACTING BUSINE	- of Business Conducted in Rh SS IN LIFE ACCIDEN	oode Island	NCE AND COLLECTING COM	MISSIONS.	
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) 🂢 FILL IN SPA	CES BEFORE USING	ATTACHMENTS
Jim Kinney			David Hess		
555 Pleasanto	ille Road	Ste. 1603.	Street Address 555 Pleasan	tuille Roa	d. Ste. 1605.
Briarcliff Hanor	State	zip 10510	Briarcliff Manor	State V	10510
Secretary Name Secretary Name New	ubom	m - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Treasurer Name Robert Schneid	V	
Street Address	1 11 0	1 41 .4	Street Address	7 11 1	
555 Pleasan	tville Koa	d, Ste. 160s. _{Izió}	555 Pleas	antuile	Sond, Ste. 1605
Briardill Hanor	1 24	OSIO	Briarcliff Hand	PACES BEFORE USIN	10510
Director Name Frust Newbo		· . (Director Name		,
Street Address	```		Street Address		
555 Plenson	taille Road	Ste. 1605			
Scion relial House	State V	10510	City	State	Zip
Director Name	1!) <u>.</u>	Director Name		\
Street Address			Street Address		
City	State	Zip	City	State	Zφ
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTACHA	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM NO PAR VALU	JE		100		
This report must be s	igned in ink by eithe	r the President, Vice Pr	esident, Secretary, Assistant	Secretary, Treasurer, F	Receiver or Trustee
	*110207				at I have examined this report, ments, and that all statements
File Date STOLEN LI NAC CO		contained herein are tru		1/405	
Check No1 1 1	2005	p v 	Signature of Officer	Oberst	Date
JAN 11	(D) cy2	36	Print or Type Name of Og	ficer	
FOR SECRETARY OF STATE USE ONLY			As Fisha	nt secretary	

Title of Officer

8. Other Names and addresses of officers and directors of the corporation are:

Name and Title

Address

Namee Oberst - Ass't Secretary 555 Pleasantville Road, Ste. 160S, Briarcliff Manor, NY 10510



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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR2004	
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Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation USI Consulting Group, Inc. 110207 Clastorburg 3. Street Address Principal Business Office 5. State of Incorporation 7286 CONNECTICUT Description of the Character of Business Conducted in Rhode Island
TRANSACTING BUSINESS IN LIFE ACCIDENT AND HEALTH INSURANCE AND COLLECTING COMMISSIONS. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name Street Address Street Address Zip State City FILL IN SPACES BEFORE USING ATTACHMENTS THE DIRECTORS: ("X" BOX FOR ATTACHMENT) : Director Name Street Address Zip State City Street Address Street Address State Zip Zip City State City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Class/Series Par Value Number of Shares Par Value Class/Series Number of Shares NO PAN VALUE 908 5,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying criedules and statements, and that all statements herein are true and d File Date ERMEST. Title of Officer

Edward S. Inman, 111, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation 1. Corporate ID No. USI Consulting Group, Inc. 3. Street Address Principal Business Office Glastonhuy *6*60-635-528 CONNECTICUT 7. Brief Description of the Character of Business Conducted in Rhode Island Insuranan Bukerage and related services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS William Trem Jouglas Kubinstein 95 Glastonbury Blvd. Glastonhury Ernest Newborn, Jr. 50 California St. 24 Fl. 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Nar William Tremko lifornia St. Street Address Street Address State City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Class/Series Par Value Number of Shares 908 5,000 COMM NO PAR VALUE common no par value

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

Title of Offi

	* 1 1 0 2 0 7 *		
File Date:	2/24/03		
Check No.:	7239052		
By:	DE STATE USE ONLY		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and tatements contained herein are true and correct.

Form 630 12/02

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

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ROFIT CORPORATION ANNUAL REP	ORT FOR THE Y	EAR	PLEASE READ INSTRUCTIONS
CORM MUST BE TYPED IN BLACK Corporate ID No. 1/025 Street Address Principal Business Office 95 Glacton bury BWd.	Group, Inc.	State	Zip 227
Street Address Principal Business Office 95 Glaston bury BWd. Business Phone No. 860 · 633 - 5283 Bilef Description of the Character of Business Conducted in Rhode Island	Glastonbury	CT	OLOVOP 6. SIC Code
•	HMENT) FILL IN SPACES BEFO	RE ÚSING ATTAC	HMENTS
3. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACK President Name Douglas Rubinstein	William Tren	nko	
as Glactonhuy BWd.	Street Address Glastor	bury E	3Wd.
Glastonbury CT 06033	Glastonbury Treasurer Name	CT	06033
Frnest Newborn, IT Street Address 50 California St. 247hF1.	Ed Bowler Street Adjustess Califor	nia St.	24th Fl.
antrancisco CA 94111	SanFrancisco	State A	94111
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATT	Director Name	FORE USING ATT	ACHMENIS
Douglas Rubinstein Street Address	William Ther		
95 Glastonbury Blud.	95 Glastonk	omy B	WCC.
Glastonbury CT 06033.	Glastonbury Director Name	CT	06033
Dave Estick Street Address 50 California St. 24th Floor	Street Address		
City California ST. 24" Mip	City	State	Zip
SF 10. SHARES AUTHORIZED ("X" BOX FOR ATTAGHMENT) AUTHORIZED SHARES	11. SHARES ISSUED ("X" B	OX FOR ATTACHME	
Number of Shares Cluss/Series Par Value	Number of Shares	Class/Series	Par Value
5,000 common \$0	5,000	Ħ	\$ 0.50

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

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File Date:	5808	 -	
Check No.:	- Zu		

	and the second of the second o	ices that I have examined
	Under penalty of podury, I declare and affiliation of the port, including any accompanying s	chedules and statements, and
	enated statements contained herein are tr	
/		
,	Signature of Officer	Date
	Ernest Newborn II	
	Print or Type Name of Officer	

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

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PROFIT CORP	ORATION AN	NUAL RE	PORT FOR	THE	YEAR _	2002
1.0111 00					_	

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

110207

4. Business Phone No.

USI Consulting Group, Inc.

3. Street Address Principal Business Office

95 glastonbury blvd.

5. State of Incorporation CONNECTICUT

Glastonbury

State

Zip

0603**3**

6. SIC Code

7286

06033

860-633-5283 7. Brief Description of the Character of Business Conducted in Rhode Island

Benefit Consulting Services
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) · FILL IN SPACES BEFORE USING ATTACHMENTS

DOUGLAS RUBINSTEIN Street Address

95 GLASTONBURY BLVD.

City

GLASTONBURY

WILLIAM TREMKO

EDWARD BOWLER

- CIN 95GLASTONBURY BLYD.

DOMGLAS RUBINSTEIN

95 GLASTONBURY BLVD.

06033CT... Treasurer Name

Street Address

Director Name

Street Address

ERNEST NEWBORN, II

Secretary Name

50 CALIFORNIA STREET, 24 FL

City

SF

94111

SF

: 50 CALIFORNIA STREET, 24 FL

94110 FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

WILLIAM TREMKO

Street Address

95 GLASTONBURY BLVD.

City

GLASTONBURY

Director Name

06033

GLASTONBURY

06033

Director Name

Street Address

DAVID ESLICK Street Address

5,000 COMM NO PAR VALUE

SAN FRANCISCO

50 CALIFORNIA STREET, 24 fl. CA

94111

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

State

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

Zip

Number of Shares

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



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.

Com/ Print or Type Name of Officer

Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLEASE INSTRUC	READ TIONS

(FORM MUST BE TYPED IN BLACE			 		
1. Corporate 1D No. 110207	2. Name of Corporation USI Consul	ing Group, Ir	nc.		
3. Street Address Principal Business Of	fice		City	State	Zip
95 Glastonbury			Glastonbury	СТ	06033
4. Business Phone No.	to transference de la restate estate después desseus	5. State of Incorporatio		 -	6. SIC Code
7. Brief Description of the Character of Insurance rel					· · · · · · · · · · · · · · · · · · ·
8. NAMES AND ADDRESSI	S OF THE OFFICE	RS ("X" BOX FOR ATT	CHMENT) FILL IN SPACES BE	FORE USING ATTAC	HMENTS
President Name			Vice President Name		
Douglas J. Rubi	nstein				
Street Address			Street Address		
95 Glastonbury		<u> </u>	•		
City	State	Zip	City	State	Zip
Glastonbury	CT	06033			
Secretary Name			Treasurer Name	•	
Ernest J. Newbo	rn		Edward J. Bow	ler	
Street Address	50 315		Street Address		
**************************************			Fl: 50 California	St., 24th 1	· 1 •
city San Francisco	1		City	State	Zip
**************************************	ØX .	86888	San Francisco	CA	94111
	S OF THE DIREC	TORS ("X" BOX FOR A	TACHMENT) FILL IN SPACES I	BEFORE USING ATTA	CHMENTS
Donal on Dubinet	oin		Director Name	å _1.	
Douglas Rubinst	i	_	David L. Esl	TCK	
Street Address			Street Address	ርታ ኃላታኤ መነ	i
95 Glastonbury		- 4-22	50 California	···	
CGlastonbury	State CT	^z /06033	San Francisco	State CA	^{zip} 94111
Director Name	-	•	Director Name	-	***************************************
Bernard H. Mize	<u> </u>		William M. Tr	emko	
Street Address 50 California S	t 24th Fl		Street Address 95 Glastonbur	.,	
City	† State			<u> </u>	
San Francisco	CA	94111	Glastonbury	State CT	06033
10. SHARES AUTHORIZED	("X" BOX FOR ATTACE	IMENT) 🔼	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	
AUTHORIZED SHARES	·		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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FOR SECRETARY	OF STATE USE ONLY	,

T. Control of the con	
	clare and affirm that I have examined
this report, including any acco	ompanying schedules and statements, and
that all statements contained	herein are true and correct.
	3/20/01
Signature of Officer	Date
Ernest J. Newbor	h, 11
Print or Type Name of Officer	
Secretary	•
Title of Officer	