



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 136914		2. Exact name of the limited liability company 5 Star General Agency, LLC			
3. State of Formation VIRGINIA		4. Brief description of the character of the business which is actually conducted in Rhode Island MARKET LIFE, HEALTH, PROPERTY, AND CASUALTY INSURANCE UNDERWRITTEN BY INSURANCE COMPANIES			
5. Principal office address 909 North Washington Street		City Alexandria	State Maryland	Zip 22314	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mildred E. Hunt			Contact Title Assistant to the General Counsel & Chief Licensing Officer		
Street Address 909 North Washington Street		City Alexandria	State Virginia	Zip 22314	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Michael Kimo Wong			Manager Name		
Street Address 909 North Washington Street			Street Address		
City Alexandria	State Virginia	Zip 22314	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name MARK P. DOLAN, ESQ.			Address		
Address 170 WESTMINSTER STREET, SUITE 900			City PROVIDENCE	Zip 02903-	

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2005 SEP 22 AM 10:13

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 9/22/05 \*136914\*

Check No. 2148

By: [Signature]

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.

Michael Kimo Wong 9/26/2005  
Signature of Authorized Person Date  
Michael Kimo Wong  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No <b>136914</b>		2. Exact name of the limited liability company <b>5 Star General Agency, LLC</b>	
3. State of Formation <b>VIRGINIA</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Market life, health, property, &amp; casualty insurance underwritten by insurance companies.</b>	
5. Principal office address <b>909 North Washington Street</b>		City <b>Alexandria</b>	State <b>Virginia</b>
		Zip <b>22314</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Mildred E. Hunt</b>		Contact Title <b>Assistant to the General Counsel &amp; Chief Licensing Officer</b>	
Street Address <b>909 North Washington Street</b>		City <b>Alexandria</b>	State <b>Virginia</b>
		Zip <b>22314</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>Michael K. Wong</b>		Manager Name	
Street Address <b>909 North Washington Street</b>		Street Address	
City <b>Alexandria</b>	State <b>Virginia</b>	Zip <b>22314</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>MARK P. DOLAN, ESQ</b>		Address	
Address <b>170 WESTMINSTER STREET, SUITE 900</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 3 6 9 1 4 \*

File Date	<u>9/24/04</u>
Check No.	<u>1930</u>
By:	<u>DA</u>
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.

Michael K. Wong  
Signature of Authorized Person Date  
**Michael Kimo Wong**  
Print or Type Name of Authorized Person

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 121409 2. Name of Corporation 5 Star General Agency, Inc.  
3. Street Address Principal Business Office 909 North Washington Street City Alexandria State Virginia Zip 22314  
4. Business Phone No. (703) 706-5975 5. State of Incorporation Commonwealth of Virginia 6. SIC Code 5744  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Market life and health insurance underwritten by insurance companies.

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

President Name Craig S. Piers Vice President Name Vacant  
Street Address 909 North Washington Street Street Address \_\_\_\_\_  
City Alexandria State Virginia Zip 22314 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secretary Name Marshal L. Cole Treasurer Name Kimberley E. Wooding  
Street Address 909 North Washington Street Street Address \_\_\_\_\_  
City Alexandria State Virginia Zip 22314 City Alexandria State Virginia Zip 22314

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

Director Name Craig S. Piers Director Name Marshal L. Cole  
Street Address 909 North Washington Street Street Address 909 North Washington Street  
City Alexandria State Virginia Zip 22314 City Alexandria State Virginia Zip 22314  
Director Name Charles C. Blanton Street Address \_\_\_\_\_  
Street Address 909 North Washington Street City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
City Alexandria State Virginia Zip 22314

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

AUTHORIZED SHARES Number of Shares	Class/Series	Par Value
25,000	Common	\$1.00
13,760	Preferred	\$500.00

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

ISSUED SHARES Number of Shares	Class/Series	Par Value
22,200	Common	\$1.00
13,760	Preferred	\$500.00

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 schedules and statements, and that all statements contained herein are true and correct.

Craig S. Piers October 1, 2003  
Signature of Officer Date  
Craig S. Piers  
Print or Type Name of Officer  
President  
Title of Officer

File Date 10. 6. 03  
Check No. 1464  
By: De  
FOR SECRETARY OF STATE USE ONLY