



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 99718		2. Name of Corporation Avalon Risk Management, Inc.			
3. Street Address Principal Business Office 150 NORTHWEST POINT BLVD. 4TH FLOOR			City ELK GROVE VILLAGE	State IL	Zip 60007
4. Business Phone No. 847-700-8100		5. State of Incorporation ILLINOIS		6. SIC Code 5702	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING INSURANCE BROKERAGE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SCOTT D. WOLNEY			Vice President Name		
Street Address 2437 SWAINWOOD DRIVE			Street Address		
City GLENVIEW	State IL	Zip 60025	City	State	Zip
Secretary Name DENISE L. CHIPMAN			Treasurer Name W. SHAUN JACKSON		
Street Address 611 NATHAN LATTIN LANE			Street Address 1495 THE LINKS DRIVE		
City SYCAMORE	State IL	Zip 60178	City OAKVILLE	State ON CANADA	Zip L6M 2P2
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM G. STAR			Director Name W. SHAUN JACKSON		
Street Address 4470 TUCANA CT. PENTHOUSES			Street Address 1495 THE LINKS DRIVE		
City MISSISSAUGA	State ON CANADA	Zip L5R 3K8	City OAKVILLE	State ON CANADA	Zip L6M 2P2
Director Name SCOTT D. WOLNEY			Director Name		
Street Address 2437 SWAINWOOD DRIVE			Street Address		
City GLENVIEW	State IL	Zip 60025	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM NO PAR VALUE			1,000	COMMON	NO PAR

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



99718

File Date 1-14-05
Check No. 16284
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.

[Signature] 1/7/2005
Signature of Officer Date
DENISE L. CHIPMAN
Print or Type Name of Officer
SECRETARY
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99718		2. Name of Corporation Avalon Risk Management, Inc.			
3. Street Address Principal Business Office 150 Northwest Point Blvd., 4th Floor			City Elk Grove Village	State IL	Zip 60007
4. Business Phone No. 847-700-8100		5. State of Incorporation Illinois		6. SIC Code 5702	
7. Brief Description of the Character of Business Conducted in Rhode Island Insurance Broker					

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

President Name Scott D. Wollney			Vice President Name NONE		
Street Address 2437 Swainwood Drive			Street Address		
City Glenview	State IL	Zip 60025	City	State	Zip
Secretary Name Denise L. Hruby			Treasurer Name W. Shaun Jackson		
Street Address 611 Nathan Lattin lane			Street Address 1495 The Links Drive		
City Sycamore	State IL	Zip 60178	City Oakville	State ON Canada	Zip L6M 2P2

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

Director Name William G. Star			Director Name Scott D. Wollney		
Street Address 4470 Ticana Court, Penthouse 5			Street Address 2437 Swainwood Drive		
City Mississauga	State ON Canada	Zip L5R 3K8	City Glenview	State IL	Zip 60025
Director Name W. Shaun Jackson			Director Name NONE		
Street Address 1495 The Links Drive			Street Address		
City Oakville	State ON Canada	Zip L6M 2P2	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 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
10,000	Common	No Par	1,000	Common	No Par

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



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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.

Denise L. Hruby 9-7-04
Signature of Officer Date
Denise L. Hruby
Print or Type Name of Officer
Secretary
Title of Officer

File Date 9/10/04
Check No. 15491
By: DA
FOR SECRETARY OF STATE USE ONLY



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. 99718 2. Name of Corporation Avalon Risk Management, Inc.

3. Street Address Principal Business Office 3701 Algonquin Rd Ste 900 City Rolling Meadows IL State IL Zip 60008

4. Business Phone No. 847 670 8970 5. State of Incorporation ILLINOIS 6. SIC Code 0

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

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

President Name Scott David Wollney
Street Address 708 W. Schubert, "A"
City Chicago IL State IL Zip 60614

Secretary Name Denise Hruby
Street Address 939 mesa Drive
City Lake in the Hills IL State IL Zip 60156

Vice President Name
Street Address
City State Zip
Treasurer Name Wm. Shaun Jackson
Street Address 1495 The Links Drive
City Oakville, Ontario, Canada IL State IL Zip L6M 2P2

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

Director Name William G. Star
Street Address 4470 Tucana Court, Penthouse 5
City Mississauga, Ontario, Canada IL State IL Zip L5R 3K8

Director Name Wm. Shaun Jackson
Street Address 1495 The Links Drive
City Oakville, Ontario, Canada IL State IL Zip L6M 2P2

Director Name Gary C. Bhojwani
Street Address 36 W 705 W. Ridgewood Ln.
City St. Charles IL State IL Zip 60175

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	10,000	COMM	NO PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000	Common	NO PAR

C. 134
5-7-03

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



* 9 9 7 1 8 *

File Date: 5-8-03

Check No.: 12223

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.

Signature of Officer Denise L. Hruby Date 4-1-03

Print or Type Name of Officer Denise L. Hruby

Title of Officer Secretary



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99718** 2. Name of Corporation **Avalon Risk Management, Inc.**
3. Street Address Principal Business Office **3315 E. Algonquin Rd., Suite 340** City **Rolling Meadows** State **IL** Zip **60008**
4. Business Phone No. **847-670-8970** 5. State of Incorporation **ILLINOIS** 6. SIC Code **5702-0-**
7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Broker

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

President Name **Gary C. Bhojwani**
Street Address **36W705 W. Ridgewood Lane**
City **St. Charles** State **IL** Zip **60175**
Secretary Name **Denise L. Hruby**
Street Address **939 Mesa Drive**
City **Lake in the Hills** State **IL** Zip **60156**

Vice President Name
Street Address
City State Zip
Treasurer Name **WM. Shaun Jackson**
Street Address **1495 The Links Drive**
City **Oakville** State **Ontario, Canada** Zip **L6M 2P2**

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

Director Name **Gary C. Bhojwani**
Street Address **36W705 W. Ridgewood Lane**
City **St. Charles** State **IL** Zip **60175**
Director Name **William G. Star**
Street Address **4470 Tucana Ct.-Penthouse 5**
City **Mississauga** State **Ontario, Canada** Zip **L5R 3KB**

Director Name **Wm. Shaun Jackson**
Street Address **1495 The Links Drive**
City **Oakville** State **Ontario, Canada** Zip **L6M 2P2**
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
10,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 common \$500.00

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: 3/4/02

Check No.: 9661

By: LB

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.

Denise L. Hruby 3-1-02
Signature of Officer Date

Denise L. Hruby, Secretary
Print or Type Name of Officer

Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99718** 2. Name of Corporation **Avalon Risk Management, Inc.**
3. Street Address Principal Business Office **3315 E. Algonquin Rd., Suite 340** City **Rolling Meadows** State **IL** Zip **60008**
4. Business Phone No. **847-670-8970** 5. State of Incorporation **ILLINOIS** 6. SIC Code **5702**

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

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

President Name Gary C. Bhojwani	Vice President Name
Street Address 36W705 W. Ridgewood Lane	Street Address
City State Zip St. Charles IL 60175	City State Zip
Secretary Name Denise L. Hruby	Treasurer Name Wm. Shaun Jackson
Street Address 939 Mesa Drive	Street Address 1495 The Links Drive
City State Zip Lake in the Hills IL 60156	City State Zip Oakville Ontario, Canada L6M 2P2

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

Director Name Gary C. Bhojwani	Director Name Wm. Shaun Jackson
Street Address 36W705 W. Ridgewood Lane	Street Address 1495 The Links Drive
City State Zip St. Charles IL 60175	City State Zip Oakville Ontario, Canada L6M 2P2
Director Name William G. Star	Director Name
Street Address 4470 Tucan Ct., Penthouse 5	Street Address
City State Zip Mississauga Ontario, Canada L5R 3KB	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	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
10,000 COMM NO PAR VALUE	1,000 common \$500.00

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



File Date: 3/5
Check No.: 7569
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.
[Signature] 2/28/01
Signature of Officer Date
Denise L. Hruby
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99718** 2. Name of Corporation **Avalon Risk Management, Inc.**
3. Street Address Principal Business Office **3315 East Algonquin Road, Suite 340** City **Rolling Meadows** State **IL** Zip **60008**
4. Business Phone No. **847-670-8970** 5. State of Incorporation **ILLINOIS** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance

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

President Name Gary C. Bhojwani	Vice President Name
Street Address 36W705 West Ridgewood Lane	Street Address
City St Charles State IL Zip 60175	City State Zip
Secretary Name Denise L. Hruby	Treasurer Name W. Shaun Jackson
Street Address 939 Mesa Drive	Street Address 1495 The Links Drive
City Lake In The Hills State IL Zip 60102	City Oakville State Ontario Zip L6M 2P2

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

Director Name Gary C. Bhojwani	Director Name W. Shaun Jackson
Street Address 36W705 West Ridgewood Lane	Street Address 1495 The Links Drive
City St Charles State IL Zip 60175	City Oakville State Ontario Zip L6M 2P2
Director Name William G. Star	Director Name
Street Address Penthouse #5-4470 Tucana Court	Street Address
City Mississauga State Ontario Zip LSR 3KB	City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	10,000	COMM NO	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000	Common	0

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: 3/6/00
Check No.: 54/12
By: [Signature]

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 Officer: [Signature] Date: 1-14-00
Print or Type Name of Officer: Gary C. Bhojwani
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99718		2. Name of Corporation Avalon Risk Management, Inc.	
3. Street Address Principal Business Office 1300 E. Woodfield Rd., Suite 512		City Schaumburg	State IL
		Zip 60173	
4. Business Phone No. 847-517-4020		5. State of Incorporation ILLINOIS	
6. SIC Code 5702			
7. Brief Description of the Character of Business Conducted in Rhode Island insurance broker			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Gary C. Bhojwani		Vice President Name	
Street Address 36W705 W. Ridgewood Lane		Street Address	
City St. Charles	State IL	City	State
	Zip 60175		Zip
Secretary Name Denise L. Hruby		Treasurer Name William Shaun Jackson	
Street Address 1384 Cunat Ct, Apt 2C		Street Address 1495 The Links Drive	
City Lake in the Hills	State IL	City Oakville	State Canada
	Zip 60102		Zip L6M 2P2
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Gary C. Bhojwani		Director Name William G. Star	
Street Address 36W705 W. Ridgewood Lane		Street Address 4470 Tucana Ct., Penthouse 5	
City St. Charles	State IL	City Mississauga	State Canada
	Zip 60175		Zip L5R 3K8
Director Name William Shaun Jackson		Director Name	
Street Address 1495 The Links Drive		Street Address	
City Oakville	State Canada	City	State
	Zip L6M 2P2		Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES			ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares
10,000 COMM NO PAR VALUE			1,000
			Common
			no par

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: 11/19/99
Check No.: 3724
By: [Signature]

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.

Denise L. Hruby 2-26-99
Signature of Officer Date
Denise L. Hruby
Print or Type Name of Officer
Secretary
Title of Officer