

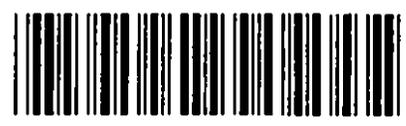
Office of the Secretary of State
 Matthew A. Brown, Secretary of State

Providence, RI 02903-1330
 401 222 3000

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. 120822		2. Name of Corporation RENAISSANCE INSURANCE AGENCY, INC.		
3. Street Address Principal Business Office 981 Worcester Street				
4. Business Phone No. 781-431-9800		City Wellesley	State MA	Zip 02452
5. State of Incorporation MASSACHUSETTS				6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island SELLING AND MARKETING OF INSURANCE PRODUCTS				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name J. Bruce Cochran		Vice President Name Douglas Somerville		
Street Address 981 Worcester Street		Street Address 981 Worcester Street		
City Wellesley	State MA	Zip 02452	City Wellesley	State MA
Secretary Name		Treasurer Name J		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
20,000 COMM NO PAR VALUE			0	

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



File Date **FILED**
 Check No. **MAR 29 2005**
 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] 1/21/2005
 Signature of Officer Date
J. Bruce Cochran
 Print or Type Name of Officer
President
 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 OR PRINTED IN BLACK)

1. Corporate ID No 120822		2. Name of Corporation RENAISSANCE INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 97 Worcester Street			City Wellesley	State MA	Zip 02482
4. Business Phone No. 781-431-9800		5. State of Incorporation MASSACHUSETTS		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island SELLING AND MARKETING OF INSURANCE PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. Bruce Cochran			Vice President Name Douglas Somerville		
Street Address 97 Worcester Street			Street Address 97 Worcester Street		
City Wellesley	State MA	Zip 02482	City Wellesley	State MA	Zip 02482
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
20,000 COMM NO PAR VALUE			None		

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



* 1 2 0 8 2 2 *

File Date 3/26/04
Check No 10237
By: SC

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] 1/29/04
Signature of Officer Date
J. Bruce Cochran
Print or Type Name of Officer
President
Title of Officer



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. 120822 2. Name of Corporation RENAISSANCE INSURANCE AGENCY, INC.
3. Street Address Principal Business Office 97 Worcester Street City Wellesley State MA Zip 02482
4. Business Phone No. 781-431-9800 5. State of Incorporation MASSACHUSETTS
6. SIC Code 02482

7. Brief Description of the Character of Business Conducted in Rhode Island
Selling and marketing of Insurance products

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

President Name <u>James Bruce Cochran</u> Street Address <u>97 Worcester Street</u> City <u>Wellesley</u> State <u>MA</u> Zip <u>02482</u>	Vice President Name <u>Douglas Somerville</u> Street Address <u>97 Worcester St.</u> City <u>Wellesley</u> State <u>MA</u> Zip <u>02482</u>
Secretary Name <u>Lyman G. Bullard</u> Street Address <u>97 Worcester St.</u> City <u>Wellesley</u> State <u>MA</u> Zip <u>02482</u>	Treasurer Name <u>Jaret H. Cochran</u> Street Address <u>97 Worcester St.</u> City <u>Wellesley</u> State <u>MA</u> Zip <u>02482</u>

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

Director Name <u>None</u> Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

Number of Shares	Class/Series	Par Value
<u>20,000</u>	<u>COMM</u>	<u>NO PAR VALUE</u>

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

Number of Shares	Class/Series	Par Value
<u>None</u>		

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



* 1 2 0 8 2 2 *

File Date: 1.27.03
Check No.: 2916
By: UP

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.

James Bruce Cochran 1/16/03
Signature of Officer Date
James Bruce Cochran
Print or Type Name of Officer
President
Title of Officer



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *120822*		2. Name of Corporation RENAISSANCE INSURANCE AGENCY, INC.			
3. Street Address Principal Business Office 981 WORCESTER STREET			City WELLESLEY	State MA	Zip 02482 -
4. Business Phone No. 781-431-9800		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island SELLING AND MARKETING OF INSURANCE PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Bruce Cochrane			Vice President Name Douglas Somerville		
Street Address 981 Worcester Street			Street Address . 981 Worcester Street		
City Wellesley	State MA	Zip 02482	City Wellesley	State MA	Zip 02482
Secretary Name Lyman G. Bullard, Jr.			Treasurer Name Janet H. Cochrane		
Street Address 981 Worcester Street			Street Address . 981 Worcester Street		
City Wellesley	State MA	Zip 02482	City Wellesley	State MA	Zip 02482
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			Director Name .		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
20,000 COMM NO PAR VALUE			none		

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



120822 FBC8/28/024:38:04 PM
File Date 9-4-02
Check No. 7382
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] 8/29/02
Signature of Officer Date
James Bruce Cochrane
Print or Type Name of Officer
President
Title of Officer