



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. 124024		2. Name of Corporation Sentinel Security Plans, Inc.		
3. Street Address Principal Business Office 1929 ALLEN PARKWAY		City HOUSTON	State TX	Zip 77019
4. Business Phone No. 713-522-5141		5. State of Incorporation VIRGINIA		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL INSURANCE AGENCY				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name THOMAS M REICHERT JR		Vice President Name JOSEPH ALLEN		
Street Address 1929 ALLEN PARKWAY		Street Address 1929 ALLEN PARKWAY		
City HOUSTON	State TX	Zip 77019	City HOUSTON	State TX
Secretary Name JUDITH M MARSHALL		Treasurer Name HARRIS E LORING III		
Street Address 1929 ALLEN PARKWAY		Street Address 1929 ALLEN PARKWAY		
City HOUSTON	State TX	Zip 77019	City HOUSTON	State TX
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name THOMAS M REICHERT JR		Director Name BERRY D HEARD		
Street Address 1929 ALLEN PARKWAY		Street Address 1929 ALLEN PARKWAY		
City HOUSTON	State TX	Zip 77019	City HOUSTON	State TX
Director Name KATHLEEN S ISAAC		Director Name		
Street Address 1929 ALLEN PARKWAY		Street Address		
City HOUSTON	State TX	Zip 77019	City	State
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
5,000	COMM	\$1.00	5,000	C
PAR VALUE		PAR VALUE		

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



124024

FILED

File Date MAR 07 2005 11900

Check No. By kb

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 HARRIS E LORING III Date 2/25/05

Print or Type Name of Officer

TREASURER
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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3. Street Address Principal Business Office 1929 ALLEN PARKWAY			City HOUSTON	State TX	Zip 77019
4. Business Phone No. 713-522-5141		5. State of Incorporation VIRGINIA		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL INSURANCE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth A March			Vice President Name Joseph Allen		
Street Address 1929 ALLEN PARKWAY			Street Address 1929 ALLEN PARKWAY		
City HOUSTON	State TX	Zip 77019	City HOUSTON	State TX	Zip 77019
Secretary Name JUDITH M MARSHALL			Treasurer Name HARRIS E LORING III		
Street Address 1929 ALLEN PARKWAY			Street Address 1929 ALLEN PARKWAY		
City HOUSTON	State TX	Zip 77019	City HOUSTON	State TX	Zip 77019
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth A. March			Director Name KATHLEEN S ISAAC		
Street Address 1929 ALLEN PARKWAY			Street Address 1929 ALLEN PARKWAY		
City HOUSTON	State TX	Zip 77019	City HOUSTON	State TX	Zip 77019
Director Name ROBERT MARCH			Director Name		
Street Address 1929 ALLEN PARKWAY			Street Address		
City HOUSTON	State TX	Zip 77019	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
5,000 COMM \$1.00 PAR VALUE			5,000	C	\$1.00

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



* 1 2 4 0 2 4 *

File Date 1-29-04
Check No. 531013
By: LD
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 HARRIS E LORING III Date 1/23/04
Print of Type Name of Officer
TREASURER
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. **124024**
2. Name of Corporation **Sentinel Security Plans, Inc.**
3. Street Address Principal Business Office
1929 ALLEN PARKWAY
4. Business Phone No. **713-522-5141**
5. State of Incorporation **VIRGINIA**
7. Brief Description of the Character of Business Conducted in Rhode Island
FUNERAL SERVICES

City **HOUSTON** State **TX** Zip **77019**
6. SIC Code

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

President Name
Kenneth A March
Street Address
1929 ALLEN PARKWAY
City **HOUSTON** State **TX** Zip **77019**
Secretary Name

Vice President Name
Joseph Allen
Street Address
1929 ALLEN PARKWAY
City **HOUSTON** State **TX** Zip **77019**
Treasurer Name

Street Address
JUDITH M MARSHALL
1929 ALLEN PARKWAY
City **HOUSTON** State **TX** Zip **77019**

Street Address
HARRIS E LORING III
1929 ALLEN PARKWAY
City **HOUSTON** State **TX** Zip **77019**

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

Director Name
KATHLEEN S ISAAC
Street Address
1929 ALLEN PARKWAY
City **HOUSTON** State **TX** Zip **77019**
Director Name

Director Name
ROBERT MARCH
Street Address
1929 ALLEN PARKWAY
City **HOUSTON** State **TX** Zip **77019**
Director Name

Street Address
Kenneth A March
1929 ALLEN PARKWAY
City **HOUSTON** State **TX** Zip **77019**

Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
5,000 COM \$1.00

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



* 1 2 4 0 2 4 *

File Date: 2/10/03
Check No: 38288
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 2/4/03
Print or Type Name of Officer
HARRIS E LORING III
TREASURER