



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

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. 126433		2. Name of Corporation JCPenney Insurance Agency, Inc.			
3. Street Address Principal Business Office 6501 LEGACY DR.			City PLANO	State TX	Zip 75024
4. Business Phone No. 972-431-2135		5. State of Incorporation UTAH			6. SIC Code 5744
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN INSURANCE AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name F.N. NAPOLI			Vice President Name M.D. REARDON		
Street Address 6501 LEGACY DR.			Street Address 6501 LEGACY DR.		
City PLANO	State TX	Zip 75024	City PLANO	State TX	Zip 75024
Secretary Name J.J. VAWRINEK			Treasurer Name J.A. OCCHIOGROSSO		
Street Address 6501 LEGACY DR.			Street Address 6501 LEGACY DR.		
City PLANO	State TX	Zip 75024	City PLANO	State TX	Zip 75024
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name F.N. NAPOLI			Director Name J.A. OCCHIOGROSSO		
Street Address 6501 LEGACY DR.			Street Address 6501 LEGACY DR.		
City PLANO	State TX	Zip 75024	City PLANO	State TX	Zip 75024
Director Name M.D. REARDON			Director Name		
Street Address 6501 LEGACY DR.			Street Address		
City PLANO	State TX	Zip 75024	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			10	COMMON	1.00

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



126433

File Date	FILED
Check No.	MAY 13 2005
By	<i>[Signature]</i>
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.

Jeffrey J. Vawrinek 2/16/05
Signature of Officer Date
JEFFREY J. VAWRINEK
Print or Type Name of Officer
SECRETARY
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
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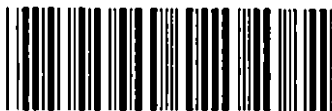
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 126433		2. Name of Corporation JCPenney Insurance Agency, Inc.		
3. Street Address Principal Business Office 6501 LEGACY DR.		City PLANO	State TX	Zip 75024
4. Business Phone No. 972-431-2135		5. State of Incorporation UTAH		6. SIC Code 5744
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN INSURANCE AGENCY				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name F.N. NAPOLI		Vice President Name M.D. REARDON		
Street Address 6501 LEGACY DR.		Street Address 6501 LEGACY DR.		
City PLANO	State TX	Zip 75024	City PLANO	State TX
Secretary Name J. J. VAURINEK		Treasurer Name J.A. OCCHIOGROSSO		
Street Address 6501 LEGACY DR.		Street Address 6501 LEGACY DR.		
City PLANO	State TX	Zip 75024	City PLANO	State TX
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name F.N. NAPOLI		Director Name M.D. REARDON		
Street Address 6501 LEGACY DR.		Street Address 6501 LEGACY DR.		
City PLANO	State TX	Zip 75024	City PLANO	State TX
Director Name J.A. OCCHIOGROSSO		Director Name		
Street Address 6501 LEGACY DR.		Street Address		
City PLANO	State TX	Zip 75024	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
1,000 COMM \$1.00 PAR VALUE			10	Comm

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



* 1 2 6 4 3 3 *

File Date	2/19/04
Check No.	0889914
By:	W1
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.

Jeffrey J. Vaurinek **2/12/04**
Signature of Officer Date
JEFFREY J. VAURINEK
Print or Type Name of Officer
SECRETARY
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. 126433 2. Name of Corporation JCPenney Insurance Agency, Inc.

3. Street Address Principal Business Office
6501 LEGACY DR

4. Business Phone No. 5. State of Incorporation
UTAH

City PLANO State TX Zip 75024
6. SIC Code 5744

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

PROVIDE INSURANCE SERVICES

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

President Name

F.N. NAPOLI

Street Address
6501 LEGACY DR.

City PLANO State TX Zip 75024

Secretary Name

J. J. VAWRINEK

Street Address
6501 LEGACY DR

City PLANO State TX Zip 75024

Vice President Name

M. D. REARDON

Street Address
6501 LEGACY DR

City PLANO State TX Zip 75024

Treasurer Name

J. A. OCCHIOGROSSO

Street Address
6501 LEGACY DR

City PLANO State TX Zip 75024

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

Director Name

F.N. NAPOLI

Street Address
6501 LEGACY DR

City PLANO State TX Zip 75024

Director Name

M. D. REARDON

Street Address
6501 LEGACY DR

City PLANO State TX Zip 75024

Director Name

J. A. OCCHIOGROSSO

Street Address
6501 LEGACY DR.

City PLANO State TX Zip 75024

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

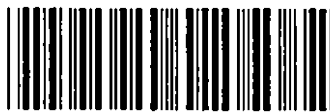
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value
10 Common \$1.00

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



* 1 2 6 4 3 3 *

File Date: FILED

Check No.: FEB 27 2003

By: JEFFREY J. VAWRINEK

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.

JEFFREY J. VAWRINEK 2/19/03
Signature of Officer Date

JEFFREY J. VAWRINEK
Print or Type Name of Officer

SECRETARY
Title of Officer

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