



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

# 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. 120936		2. Exact name of the limited liability company ADMINISTAFF INSURANCE SERVICES, L.L.C.	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island CONDUCTING THE BUSINESS OF AN INSURANCE AGENCY	
5. Principal office address 19001 CRESCENT SPRINGS DR.		City KINGWOOD	State TX Zip 77339
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JACKIE K. KNOTT		Contact Title COMPLIANCE SPECIALIST	
Street Address 19001 CRESCENT SPRINGS DR.		City KINGWOOD	State TX Zip 77339
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, STE 200		City WARWICK	Zip 02888

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



1 2 0 9 3 6

File Date	10.31.05
Check No.	46968
By:	
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 Authorized Person Date 10/24/05  
JOHN H. SPURGIN, II Secretary  
Print or Type Name of Authorized Person



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

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. 120936		2. Exact name of the limited liability company ADMINISTAFF INSURANCE SERVICES, LLC.	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island ANY OR ALL THINGS THAT MAY LAWFULLY BE DONE BY A LIMITED LIABILITY COMPANY PURSUANT TO THE DELAWARE ACT AND WILL INCLUDE CONDUCTING THE BUSINESS OF AN INSURANCE AGENCY	
5. Principal office address 19001 CRESCENT SPRINGS DRIVE		City KINGWOOD	State TX
		Zip 77339-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JACKIE KNOTT		Contact Title COMPLIANCE SPECIALIST	
Street Address 19001 CRESCENT SPRINGS DRIVE		City KINGWOOD	State TX
		Zip 77339-	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 CORPORATION SERVICE COMPANY		Address 222 JEFFERSON BOULEVARD, SUITE 200	
Address		City WARWICK	Zip 02888-

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



1 2 0 9 3 6

\*120936 FLLC 10/19/04 03:39:14 PM\*

File Date 10/25/04

Check No. 32406

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] 10/19/04  
Signature of Authorized Person Date

John H. Spurgin, II Secretary

Print or Type Name of Authorized Person



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 02903-13  
401 222-59

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120936		2. Exact name of the limited liability company ADMINISTAFF INSURANCE SERVICES, LLC.	
3. State of formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island ANY OR ALL THINGS THAT MAY LAWFULLY BE DONE BY A LIMITED LIABILITY COMPANY PURSUANT TO THE DELAWARE ACT AND WILL INCLUDE CONDUCTING THE BUSINESS OF AN INSURANCE AGENCY	
5. Principal office address 19001 Crescent Springs Drive		City Kingwood	State TX
		Zip 77339-3802	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Katrina Manuel		Contact Title Compliance Specialist	
Street Address 19001 Crescent Springs Drive		City Kingwood	State TX
		Zip 77339-3802	
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 checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 CORPORATION SERVICE COMPANY		Address	
Address 170 WESTMINSTER STREET, SUITE 900		City PROVIDENCE	Zip 02903-

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



\* 1 2 0 9 3 6 \*

File Date	12/1/03
Check No	20651
By	
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 Authorized Person  
Date  
10-17-03  
John H. Spurgin, II  
Secretary  
Print or Type Name of Authorized Person



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 02903-1331  
401.222.3041

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120936		2. Exact name of the limited liability company ADMINISTAFF INSURANCE SERVICES, LLC.	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Any or all things that may lawfully be done by a limited liability company pursuant to the Delaware Act and will include conducting the business of an insurance agency.	
5. Principal office address 19001 Crescent Springs Drive		City Kingwood	State Texas
		Zip 77339-3802	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Katrina Manuel		Contact Title Compliance Specialist	
Street Address 19001 Crescent Springs Drive		City Kingwood	State Texas
		Zip 77339-3802	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Please see attached.		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	City
Manager Name	Manager Name	Manager Name	Manager Name
Street Address	Street Address	Street Address	Street Address
City	State	Zip	City
State	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 170 WESTMINSTER STREET, SUITE 900		City PROVIDENCE	Zip 02903

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



File Date	10-11-02
Check No.	118951
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.

*[Signature]* 10/4/02  
Signature of Authorized Person Date  
John H. Spurgin, II, VP of Legal, General Counsel & Sec.  
Print or Type Name of Authorized Person

**Rhode Island**

**Limited Liability Company Annual Report for the Year 2002**

**7. Name and address of each Manager of the Limited Liability Company:**

Administaff Insurance Services, L.L.C. does not have any managers. Its sole member is Administaff Companies II, L.P., 19001 Crescent Springs Drive, Kingwood, Texas 77339-3802.