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

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

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		INTED IN BLA	•			<u> </u>
1. ID No. 120936			nited liabilty company ISURANCE SERVI	CES, L.L.C.		
3. State of Formatio	<i>n</i>	4. Brief descrip	ntion of the character of th	e business which is actually condu	cted in Rhode Island	
DELAWARE		CONDUCTIN	G THE BUSINESS (OF AN INSURANCE AGENC	Y	
5. Principal office of	nddress		• •	City	State	Zip
19001 CRESC	ENT SPRI	NGS DR.		KINGWOOD	TX	77339
6. MAILING AI Contact Name JACKIE K. K		F LIMITED	LIABILITY COMP	ANY AND NAME OR TITE Contact Title COMPLIANCE SI		PERSON:
Sireet Address				City	State	Zip
19001 CRESC	ENT SPRI	NGS DR.		KINGWOOD	тx	77339
Manager Name Street Address				• Manager Name • • Street Address		
City	I	State	Zip	*City	State	Zip
Manager Name	J			Manager Name	l	
Street Address				· Street Address		•
City		State	Zıp	City	State	Zip
8. RESIDENT AC		• • • •		hanges require filing of Address	 f Form 642 - R.I. <u>G</u>	L. 7-16-11
CORPORATIO	0	Address			City Zip	
	J. (J. () ()			City		Zip

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



Check No. U.S. Check

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

JOHN H. SPURGIN, II Secretary

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

<u>(FORM MUST BE T</u>	YPED OR PR	anied in Pr	ACN)					
1. 110 No. 120936		•	mited liabilty company SURANCE SERVI	CES, LLC.				
3. State of Formation		4. Brief descrip	ption of the character of the	he business which is actually condu	icted in Rhode Island			
DELAWARE		ANY OR AI	LL THINGS THAT M ELAWARE ACT AND	AY LAWPULLY BE DONE BY A LIMITED LIABILITY COMPANY PURSUANT WILL INCLUDE CONDUCTING THE BUSINESS OF AN INSURANCE AGENCY				
5. Principal office a				City	State	Zip		
19001 CRESC	ENT SPRI	INGS DRIV	E	KINGWOOD	TX	77339-		
6. MAILING AI Contact Name JACKIE KNOT		F LIMITED	LIABILITY COMP	ANY AND NAME OR TITE **Contoct Title **COMPLIANCE S		PERSON:		
Street Address	-			City	State	Zip		
19001 CRESCE	NT SPRI	NGS DRIVE	2	KINGWOOD	TX	77339-		
Manager Name Street Address				· Manager Name · Street Address				
City		State	Zip	City	State	Žφ		
Manuger Name	• • • • •	1		Manager Name				
Street Address		-,		·Sireei Address		·		
Cuy		State	Zip	City	State	Zip	_	
8. RESIDENT AC	ENT <u>i</u> n re	I HODE ISLAN	ND -DO NOT ALTER- C	hanges require filing o	f Form 642 - R.I.G.I	7-16-11		
	-			Address	f Form 642 - R.I.G.			
Agent Name	-			Address				

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



120936	FLLC 10)/19/	04 03	39:14	РМ*
File Date		÷S	97		
Check No.	324	0	0		<u></u>
Ву;	U.				
FOR SECRI	ETARY OF	STAT	E 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

Secretary John H. Spurgin, II

Print or Type Name of Authorized Person



Address

170 WESTMINSTER STREET, SUITE 900

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Duasi 100 North Mair: Str. Proxidence, RI 02903-13 401 222.30

JMITED LIABILITY	COMPANY ANNUAL REPORT FOR THE YEAR	
/	- COMIANI ANNOME REFURI FUR LIFE I FAR	

2003 Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2 Exact name of the innited hability compan 120936 ADMINISTAFF INSURANCE SERVICES, LLC. 3. State of Formation i. Brief description of the character of the business winch is actually conducted in Rhode Island ANY OR ALL THINGS THAT MAY LAWFULLY BE DONE BY A LIMITED LIABILITY COMPANY PURSUANT TO THE DELAWARE DELAWARE ACT AND WILL INCLUDE CONDUCTING THE BUSINESS OF AN INSURANCE AGENCY 5. Principal office address 19001 Crescent Springs Drive Kingwood ΤX 77339-3802 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Consider Talle Katrina Manuel Compliance Specialist Street Address City State Zip 19001 Crescent Springs Drive Kingwood TX 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 Manazer Name Manager Name Street Address Street Address (,# . State Zφ Cd1State 24) Manager Name Manager Name Street Address Street Address Car State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Ageut Name Address **CORPORATION SERVICE COMPANY**

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

PROVIDENCE

<u>* 1 2 0 9 3 6 *</u>	
File Date 12/2/03 Check No 20651	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statemen contained hergin are true and correct

 $Z_{i}p$

02903-

10-17-03 Date

John H. Spurgin, II Secretary

Print or Type Name of Authorized Person



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-133; 401.222.3041

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2002

	ember 1 - November						
<u>EUKM MUST BE 11P</u>	PED OR PRINTED IN BL	ACK)					
1. ID No.	2. Exact name of the li	mited liabilty company		<u> </u>			
120936	ADMINISTAFF INSU	IRANCE SERVICES, L	LC.				
3. State of Formation	4. Brief descrip	ntion of the character of	the business which is actually conducted	l in Rhode Island			
DELAWARE	Any or all	things that may	lawfully be done by a limit	fully be done by a limited liability company pursuant to the conducting the business of an insurance agency.			
5. Principal office addi	ress		City	State	Zip		
19001 Crescent	Springs Drive		Kingwood	Texas	77339-3802		
6. MAILING ADD	RESS OF LIMITED	LIABILITY COM	PANY AND NAME OR TITLE	OF CONTACT PERS	ON:		
Contact Name			Contact Title		•		
Katrina Manuel			. Compliance Spe	ecialist			
Street Address			City	State	Zip		
19001 Crescent	Springs Drive		 Kingwood 	Texas	77339-3802		
7. NAME AND ADI	FILL IN SI	PACES BEFORE USIN	LIMITED LIABILITY COMPA SG ATTACHMENTS ("X" BOX BUIRES FILING OF AMENDMENT. F	FOR ATTACHMENT			
tanager Name			*Manager Name				
Please see atta	iched.		:				
Sireet Address				Street Address			
Sireer Address			*Street Address				
City	State	Zip	*Street Address *City	State	Zip		
City	State	Zip	•	State	Zip		
City Manager Name	State	Zip	City	State	Zip		
City Manager Name]	J	*City *Manager Name *Street Address				
ity Janager Name	State	Zip	*City ** *Manager Name **	State	Zip		
City Manager Name Street Address City B. RESIDENT AGE:	State	Zip	*Manager Name *Street Address City	State	Zip		
City Manager Name Street Address City B. RESIDENT AGE:	State	Zip	*City *Manager Name *Street Address	State	Zip		
City Manager Name Street Address City B. RESIDENT AGE:	State NT IN RHODE ISLAN	Zip	City Manager Name Street Address City hanges require filing of Fe	State	Zip		
City Manager Name Street Address City B. RESIDENT AGE: gent Name	State NT IN RHODE ISLAN	Zip	City Manager Name Street Address City hanges require filing of Fe	State	Zip		

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



	1/2 1/2 02
File Date	10-11-00
Check No.	118951
Ву:_	Ži.
FOR SECRET	ARY 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.

Signey of Authorized Jerson Date

John H. Spurgin, II, VP of Legal, General Counsel & Secr-Print or Type Name of Authorized Person

Form 632 Rev. 6/0

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.