



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. 117439		2. Exact name of the limited liability company Strategic Point Insurance Services, LLC.			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL SERVICES			
5. Principal office address 220 WEST EXCHANGE STREET, SUITE 300		City PROVIDENCE	State RI	Zip 02903-	
6. FOLLOWING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID F. BROCHU			Contact Title		
Street Address 220 WEST EXCHANGE STREET, SUITE 300		City PROVIDENCE	State RI	Zip 02903-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FEE IN SPRINGS BEFORE USING ATTACHMENTS (SEE BACK FOR ATTACHMENT) [1] ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT ROL 7-15-12 (2) 7-15-12					
Manager Name David F. Brochu		*Manager Name			
Street Address 220 West Exchange St., Suite 300		*Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND (NO NOTARIAL CHANGES require filing of Form 632 ROL 7-15-12)					
Agent Name SANDRA MATRONE MACK, SEC.		Address 1500 FLEET CENTER			
Address HASLAW, LLC		City PROVIDENCE	Zip 02903-		

05/10/2005 PM 1:27

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



1 1 7 4 3 9

117439 FLLC-10/20/05 03:55:59 PM

File Date: 2/24/06

Check No: 178,296

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.

Sandra Matrone Mack 10/24/05
Signature of Authorized Person Date

Sandra Matrone Mack, Secretary, HASLAW, LLC
Print or Type Name of Authorized Person



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. 117439		2. Exact name of the limited liability company Strategic Point Insurance Services, LLC.			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL SERVICES			
5. Principal office address 220 WEST EXCHANGE STREET, SUITE 300			City PROVIDENCE	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID F. BROCHU			Contact Title		
Street Address 220 WEST EXCHANGE STREET, SUITE 300			City PROVIDENCE	State RI	Zip 02903
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 David F. Brochu			Manager Name Jill Schlesinger		
Street Address 220 West Exchange Street, Suite 300			Street Address 220 West Exchange Street, Suite 300		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name [Not Yet Appointed]			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 SANDRA MATRONE MACK, SEC.			Address 1500 FLEET CENTER		
Address HASLAW, LLC			City PROVIDENCE	Zip 02903	

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



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117439 FLLC 09/30/04 04:35:19 PM

File Date 10/18/04

Check No. 163508

By: AMF

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.

Sandra Matrone Mack 10/4/04
Signature of Authorized Person Date

Sandra Matrone Mack, Sec., HASLAW, LLC
Print or Type Name of Authorized Person



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. 117439		2. Exact name of the limited liability company Strategic Point Insurance Services, LLC.			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCIAL SERVICES			
5. Principal office address 220 WEST EXCHANGE STREET, SUITE 300		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID F. BROCHU			Contact Title		
Street Address 220 WEST EXCHANGE STREET, SUITE 300		City PROVIDENCE	State RI	Zip 02903	
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 David F. Brochu		Manager Name Jill Schlesinger			
Street Address 220 West Exchange Street, Suite 300		Street Address 220 West Exchange Street, Suite 300			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name Willaim F. Hatfield		Manager Name			
Street Address 220 West Exchange Street, Suite 300		Street Address			
City Providence	State RI	Zip 02903	City	State	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 SANDRA MATRONE MACK, SEC.			Address 1500 FLEET CENTER		
Address HASLAW, LLC		City PROVIDENCE		Zip 02903	

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



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FILED

MAY 20 2004

By KMC
C31949

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.

Sandra Matrone Mack 5/20/04
Signature of Authorized Person Date

Sandra Matrone Mack, Secretary HASLAW, LLC
Print or Type Name of Authorized Person

117439 FLLC 05/20/04 01:53:28 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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. *117439*		2. Exact name of the limited liability company Progressive Financial Resources, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Financial services	
5. Principal office address 222 RICHMOND STREET, SUITE 304		City PROVIDENCE	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David A. Brochu		Contact Title	
Street Address 222 RICHMOND STREET, SUITE 304		City PROVIDENCE	State RI Zip 02903-
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 SANDRA MATRONE MACK, SEC.		Address 1500 FLEET CENTER	
Address HASLAW, LLC		City PROVIDENCE	Zip 02903-

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



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117439 FLLC9/19/0211:56:34 AM
File Date <u>9/25/2002</u>
Check No. <u>146164</u>
By: <u>[Signature]</u>
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.

Sandra Matrone Mack 9/24/02
Signature of Authorized Person Date

Sandra Matrone Mack, Sec., HASLAW, LLC
Print or Type Name of Authorized Person