

(FORM MUST BE TYPED OR PRINTED IN BIACK)

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

Corporations Divisic 100 North Main Stre

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1

• Filing Fee: \$50.00

Providence, RI 02903-135 401.222.304 2005

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3 State of Formation VIRGINIA 4. Brief description of the chara BROKER DEALER/INVE	cter of the hustness whi STMENT ADVISOR	ich is actually conducted in Rhode Island	d			
5. Principal office address 901 E. BYRD St.		Richmond	State	9	Zip 23219	
6. MAILING ADDRESS OF LIMITED LIABILITY COME Contact Name William Schwartz	PANY AND NAME	Contact Title AVP + ASST.	SECRE	STARY		
123 S. BROAD St., 17th PL F			State PA		19109	
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						
Richard G. Randa		Manager Name				
901 E. BYRD St.		Street Address	•			
Richmond State VA ZIP	.3219	Gliy	State		Zip	
Robert W. Vorlop		Manager Name	*************	••••••••••	*************************	
901 E. BYRD St.		Street Address				
Richmond State VA Zip 2	3219	Cuy	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT A Agent Name CORPORATION SERVICE COMPANY	LTER - Changes	require filing of Form 642 - Address	R.I.G.I 7-1	6-11		
222 JEFFERSON BOULEVARD, SUITE 200		City: WARWICK		Ζφ 02888-		

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

132644*	
File Date 25 29-29-05 Check No5224713 By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this repoi including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Person

9-23-05 Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divisi 100 North Main Sire Providence, RI 62993-13; 401-222-30;

132644 WS Insurance Services, LLC 3 state of Formation VIRGINIA Broker Dealer / Investment Advisor 5 invested of five description of the business which is actually conducted in Rinde Island VIRGINIA Broker Dealer / Investment Advisor Call Richmond VA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Late Assistant VP + Assist. Several Address C/o Corpora from Service Company Jill Centerville Rd, 57E 400 VIRGINIA No Proceed 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 Unimages Vanic Street Address Street Address Street Address Street Address	1
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Stronger office address 901 E. Byrd St. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Like Assistant VP + Assist. Street Address C/b Corporation Service Company 2711 Centerville Rd, 57E 400 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 Manager Name Nocet Address RICHARD G. RANDA	SECRE HARY 19808
901 E. Byrd St. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name William Schwartz Company State DE 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 Manager Name Nover Address Street Address Stree	SECRE HARY 19808
Contact Name, William Schwartz Street Addiss a/b Corporation Service Company 2711 Centerville Rd, 57E 400 Wilmington To 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 Wanager Name Richard G. Randa	1
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Manager Name	i-52
RICHARD G. RANDA	
Street Address Street Address	
901 E. Byrd St.	
Richmond Same VA 23219 Car State	Zip
Robert W. Vorlop Same	· · · · · · · · · · · · · · · · · · ·
901 E. BYRD St.	· · · · · · · · · · · · · · · · · · ·
Richmond Sur VA 123219 Cm Sur	Zip
3. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 - Jour Name - Address	
CORPORATION SERVICE COMPANY	
222 JEFFERSON BOULEVARD, SUITE 200 WARWICK 02888.	- A - (元) プログ
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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File Date NOV 19 2004

Check No _ By _ By _ FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury. I declare and affirm that I have examined this reportionly any accompanying schedules and statements, and that all statement contained herein are true and corpor.

Signature of Authorized Person

11/17/04

signature of rannon sea version

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Print or Type Name of Authorized Parcon

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