



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 02903-1333
401.222.304

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 132644		2. Exact name of the limited liability company WS Insurance Services, LLC	
3. State of Formation VIRGINIA		4. Brief description of the character of the business which is actually conducted in Rhode Island BROKER DEALER/INVESTMENT ADVISOR	
5. Principal office address 901 E. BYRD ST.		City Richmond	State VA
		Zip 23219	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William Schwartz		Contact Title AVP + Asst. SECRETARY	
Street Address 123 S. BROAD ST., 17th FL PA 4840		City Philadelphia	State PA
		Zip 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) <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 Richard G. Randa		Manager Name	
Street Address 901 E. Byrd St.		Street Address	
City Richmond	State VA	Zip 23219	
Manager Name Robert W. Vorlop		Manager Name	
Street Address 901 E. Byrd St.		Street Address	
City Richmond	State VA	Zip 23219	
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, SUITE 200		City WARWICK	Zip 02886

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

FILED
STATE
CORPORATIONS DIV
SEP 29 PM 1:10

132644

File Date
9-29-05

Check No.
5224773

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.

Signature of Authorized Person
9-23-05
Date

William H. Schwartz
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 02903-1330
401.222.3000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

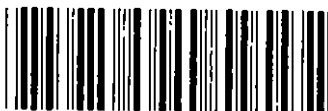
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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 132644		2. Exact name of the limited liability company WS Insurance Services, LLC	
3. State of Formation VIRGINIA		4. Brief description of the character of the business which is actually conducted in Rhode Island Broker Dealer / Investment Advisor	
5. Principal office address 901 E. Byrd St.		City Richmond	State VA
		Zip 23219	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William Schwartz		Contact Title Assistant VP + Assist. Secretary	
Street Address c/o Corporation Service Company 2711 Centerville Rd, STE 400		City Wilmington	State DE
		Zip 19808	
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			
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City Richmond	State VA	City	State
	Zip 23219		Zip
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Street Address 901 E. Byrd St.		Street Address	
City Richmond	State VA	City	State
	Zip 23219		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 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02886

RECEIVED
NOV 19 1 36 PM '04
CORPORATIONS DIVISION

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



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FILED

File Date NOV 19 2004

Check No By

By

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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 11/17/04

William Schwartz
Print or Type Name of Authorized Person