

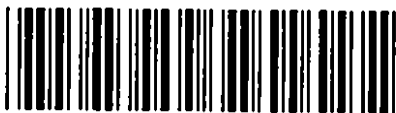
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 119744		2. Name of Corporation NewMarkets Insurance Agency, Inc..	
3. Street Address Principal Business Office 1601 Chestnut Street		City Phila	State PA
4. Business Phone No. 215-640-1000		5. State of Incorporation DELAWARE	6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN INSURANCE AGENT, INSURANCE CONSULTANT, UNDERWRITING MANAGER AND/OR CLAIMS ADJUSTOR OR AGENT.			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ROBERT T. Wingel		Vice President Name Karen K. Jordan	
Street Address 1601 Chestnut Street		Street Address 1601 Chestnut Street	
City Phila	State PA	City Phila	State PA
Zip 19103		Zip 19103	
Secretary Name JUDITH M. CALLIHAN		Treasurer Name BLAISE E. SCIOLI	
Street Address 1601 Chestnut Street		Street Address 1601 Chestnut Street	
City Phila	State PA	City Phila	State PA
Zip 19103		Zip 19103	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DONALD T. BENSON		Director Name Philip W. Twietmeyer	
Street Address 1601 Chestnut Street		Street Address 1601 Chestnut Street	
City Phila	State PA	City Phila	State PA
Zip 19103		Zip 19103	
Director Name John J. Lupica		Director Name ROBERT T. Wingel	
Street Address 1601 Chestnut Street		Street Address 1601 Chestnut Street	
City Phila	State PA	City Phila	State PA
Zip 19103		Zip 19103	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	
1,500 COMM \$100.00 PAR VALUE			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



•119744•

119744

File Date 1-21-05

Check No. PS 00162012

By: J.C.

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 Officer John C. Galy Date 1/18/2005
Print or Type Name of Officer FRANK P. CZEKAY
Title of Officer ASSISTANT SECRETARY

NEWMARKETS INSURANCE AGENCY, INC.
(FORMERLY NEWMARKETS AGENCY, INC.)

1403

ADDRESS:
1601 CHESTNUT
PHILADELPHIA
PA 19101-1484

TELEPHONE:

OWNERSHIP INA HOLDINGS CORPORATION - 100%

DIRECTORS

DONALD T. BENSON
JOHN J. LUPICA
PHILIP W. TWIETMEYER
ROBERT T. WINGEL

OFFICERS

ROBERT T. WINGEL
PHILIP W. TWIETMEYER
KAREN K. JORDAN
JOHN P. TAYLOR
ANTHONY J. FRANCOLINO
HOWARD W. FRY
ANDREW P. STENERI
JUDITH M. CALLIHAN
BLAISE E. SCIOLI
JOHN M. BUCKLEY
FRANK P. CZEKAY
CARRIE L. HIGGINS
BRUNA ANNE JOHNSTON

PRESIDENT
EXECUTIVE VICE PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
ASSISTANT VICE PRESIDENT
ASSISTANT VICE PRESIDENT
ASSISTANT VICE PRESIDENT
SECRETARY
TREASURER
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY

FILED

JAN 21 2005

By AC



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119744		2. Name of Corporation NewMarkets Insurance Agency, Inc.			
3. Street Address Principal Business Office 1601 Chestnut Street		City Phila	State PA	Zip 19103	
4. Business Phone No. 215-640-1000		5. State of Incorporation DELAWARE			6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN INSURANCE AGENT, INSURANCE CONSULTANT, UNDERWRITING MANAGER AND/OR CLAIMS ADJUSTOR OR AGENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Patricia M. Goudarzi			Vice President Name Philip W. Twietmeyer		
Street Address 1601 Chestnut St.			Street Address 1601 Chestnut St.		
City Phila	State PA	Zip 19103	City Phila	State PA	Zip 19103
Secretary Name Judith M. Callihan			Treasurer Name Craig A. Nyman		
Street Address 1601 Chestnut St.			Street Address 1601 Chestnut St.		
City Phila	State PA	Zip 19103	City Phila	State PA	Zip 19103
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Patricia M. Goudarzi			Director Name Geoffrey G. Gregory		
Street Address 1601 Chestnut St.			Street Address 1601 Chestnut St.		
City Phila	State PA	Zip 19103	City Phila	State PA	Zip 19103
Director Name Kirsten C. Hernan			Director Name John J. Lupica		
Street Address 1601 Chestnut St.			Street Address 1601 Chestnut St.		
City Phila	State PA	Zip 19103	City Phila	State PA	Zip 19103
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 COMM \$100.00 PAR VALUE			10	C	\$100.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2/17/04
Check No. RS0005099
By: SE
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 Officer Frank P. Czepak Date 3-11-04
Print or Type Name of Officer Frank P. Czepak
Title of Officer Assistant Secretary

NEWMARKETS INSURANCE AGENCY, INC.

1403

(FORMERLY NEWMARKETS AGENCY, INC)

ADDRESS:

1601 CHESTNUT
PHILADELPHIA
PA 19101-1484

TELEPHONE:

OWNERSHIP: INA HOLDINGS CORPORATION - 100%

DIRECTORS

PATRICIA M. GOUDARZI
GEOFFREY G. GREGORY
KIRSTEN C. HERNAN
JOHN J. LUPICA
PHILIP W. TWIETMEYER

OFFICERS

PATRICIA M. GOUDARZI
PHILIP W. TWIETMEYER
CHRISTOPHER H. CLARK
KAREN K. JORDAN
CRAIG A. NYMAN

JOSEPH . STAGLIANO

LENNY L. WALDHAUSER
LESLIE H. YESNER

ANTHONY J. FRANCOLINO
JUDITH M. CALLIHAN
JOHN M. BUCKLEY
FRANK P. CZEKAY
BRUNA ANNE JOHNSTON
JANICE M. LACERNA

PRESIDENT
EXECUTIVE VICE PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
TREASURER
VICE PRESIDENT
ASSISTANT CONTROLLER
VICE PRESIDENT
VICE PRESIDENT
CONTROLLER
ASSISTANT VICE PRESIDENT
SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY



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 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119744 2. Name of Corporation NewMarkets Insurance Agency, Inc.

3. Street Address Principal Business Office 1601 Chestnut St City Phila State PA Zip 19103
4. Business Phone No. 215-640-1000 5. State of Incorporation DELAWARE 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
INS Agent or Broker

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Louis F. Iacovelli</u> Street Address <u>1601 Chestnut St</u> City <u>Phila</u> State <u>PA</u> Zip <u>19103</u>	Vice President Name <u>Joseph Stagliano</u> Street Address <u>1601 Chestnut St</u> City <u>Phila</u> State <u>PA</u> Zip <u>19103</u>
Secretary Name <u>Judith M. Callahan</u> Street Address <u>1601 Chestnut St</u> City <u>Phila</u> State <u>PA</u> Zip <u>19103</u>	Treasurer Name <u>Kenneth R. Garrett</u> Street Address <u>1601 Chestnut St</u> City <u>Phila</u> State <u>PA</u> Zip <u>19103</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Barbara T. Barnes</u> Street Address <u>1601 Chestnut St</u> City <u>Phila</u> State <u>PA</u> Zip <u>19103</u>	Director Name <u>Kurt R. Schwemberger</u> Street Address <u>1601 Chestnut St</u> City <u>Phila</u> State <u>PA</u> Zip <u>19103</u>
Director Name <u>Louis F. Iacovelli</u> Street Address <u>1601 Chestnut St</u> City <u>Phila</u> State <u>PA</u> Zip <u>19103</u>	

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<u>1,500 COMM \$100.00 PAR VALUE</u>		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<u>5</u>	<u>Comm</u>	<u>\$100.00</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 7 4 4 *

File Date: 2/14/03

Check No.: PS 00841136

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 of Officer Frank P. Czckay Date 2/4/2003

Print or Type Name of Officer FRANK P. CZCKAY

Title of Officer ASSISTANT SECRETARY

NEWMARKETS INSURANCE AGENCY, INC.

1403

(FORMERLY: NEWMARKETS AGENCY, INC.)

ADDRESS:

1601 CHESTNUT
PHILADELPHIA
PA 19101-1484

TELEPHONE:

OWNERSHIP: INA HOLDINGS CORPORATION - 100%

DIRECTORS

BARBARA T. BARNES
LOUIS F. IACOVELLI
KURT R. SCHWAMBERGER

OFFICERS

LOUIS F. IACOVELLI
BARBARA T. BARNES
THOMAS J. BOZZONE
PHILIP W. TWIETMEYER
KENNETH R. GARRETT

KAREN K. JORDAN
DENISE P. ROYSTON
JOSEPH . STAGLIANO

LESLIE H. YESNER

ANTHONY J. FRANCOLINO
JUDITH M. CALLIHAN
JOHN M. BUCKLEY
FRANK P. CZEKAY
BRUNA ANNE JOHNSTON
JANICE M. LACERNA
DAWN R. MANN
PETER J. STEINMETZ

PRESIDENT
EXECUTIVE VICE PRESIDENT
EXECUTIVE VICE PRESIDENT
EXECUTIVE VICE PRESIDENT
VICE PRESIDENT
TREASURER
VICE PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
ASSISTANT CONTROLLER
VICE PRESIDENT
CONTROLLER
ASSISTANT VICE PRESIDENT
SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT TREASURER
ASSISTANT TREASURER



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 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119744 2. Name of Corporation NewMarkets Insurance Agency, Inc.
3. Street Address Principal Business Office 1601 Chestnut Street City Phila State PA Zip 19103
4. Business Phone No. 215-64-1000 5. State of Incorporation DELAWARE 6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE AGENT OR BROKER

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name LOUIS F. Iacovelli
Street Address 1601 Chestnut Street
City Phila State PA Zip 19103
Secretary Name Cheryl A. Bowden
Street Address 1601 Chestnut Street
City Phila State PA Zip 19103

Vice President Name Joseph Stagliano
Street Address 1601 Chestnut Street
City Phila State PA Zip 19103
Treasurer Name Kenneth R. Garrett
Street Address 1601 Chestnut Street
City Phila State PA Zip 19103

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Barbara T. Barnes
Street Address 1601 Chestnut Street
City Phila State PA Zip 19103
Director Name LOUIS F. Iacovelli
Street Address 1601 Chestnut Street
City Phila State PA Zip 19103

Director Name Kurt R. Schwenberger
Street Address 1601 Chestnut Street
City Phila State PA Zip 19103
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,500 COMM \$100.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
5 C / N/A \$100.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 7 4 4 *

File Date: 4-8-02
Check No.: 5811035
By: Z

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 Officer Mark A. Zandanel Date 2/20/2002
Print or Type Name of Officer MARK A. Zandanel

ASSISTANT SECRETARY
Title of Officer 5

NEWMARKETS INSURANCE AGENCY, INC.

1403

ADDRESS:

1601 CHESTNUT
PHILADELPHIA
PA 19101-1484

TELEPHONE:

OWNERSHIP: INA HOLDINGS CORPORATION - 100%

DIRECTORS

BARBARA T. BARNES
LOUIS F. IACOVELLI
KURT R. SCHWAMBERGER

OFFICERS

LOUIS F. IACOVELLI
BARBARA T. BARNES
THOMAS J. BOZZONE
PHILIP W. TWIETMEYER
KENNETH R. GARRETT

KAREN K. JORDAN
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ANTHONY J. FRANCOLINO
CHERYL A. BOWDEN
JOHN M. BUCKLEY
BRUNA ANNE . JOHNSTON
MARK A. ZANDANEL
DAWN R. MANN
PETER J. STEINMETZ

PRESIDENT
EXECUTIVE VICE PRESIDENT
EXECUTIVE VICE PRESIDENT
EXECUTIVE VICE PRESIDENT
VICE PRESIDENT
TREASURER
VICE PRESIDENT
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VICE PRESIDENT
ASSISTANT CONTROLLER
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ASSISTANT VICE PRESIDENT
SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT TREASURER
ASSISTANT TREASURER