



**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. 89047		2. Name of Corporation FINANCIAL INSURANCE SERVICES, INC.			
3. Street Address Principal Business Office 7277 World Communications Drive			City Omaha	State NE	Zip 68122
4. Business Phone No. (402) 963-6810		5. State of Incorporation NEBRASKA			6. SIC Code 5744
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MARKETING INSURANCE PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Henry Leszczynski			Vice President Name Donald J. Vrana, Teresa A. Beaufait & Sheryl Cloyd		
Street Address 7277 World Communications Drive			Street Address 7277 World Communications Drive		
City Omaha	State NE	Zip 68122	City Omaha	State NE	Zip 68122
Secretary Name Teresa A. Beaufait			Treasurer Name Donald J. Vrana		
Street Address 7277 World Communications Drive			Street Address 7277 World Communications Drive		
City Omaha	State NE	Zip 68122	City Omaha	State NE	Zip 68122
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Henry Leszczynski			Director Name Donald J. Vrana		
Street Address 7277 World Communications Drive			Street Address 7277 World Communications Drive		
City Omaha	State NE	Zip 68122	City Omaha	State NE	Zip 68122
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000	\$0.01 PAR VALUE		10,000	Common	\$0.01

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



\*89047\*

**FILED**

File Date FEB 28 2005 418085

Check No. \_\_\_\_\_  
By MB

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.

Teresa A. Beaufait 2/24/05  
Signature of Officer Date

Teresa A. Beaufait  
Print or Type Name of Officer

Vice President & Secretary  
Title of Officer



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

Corporations  
100 North Main Street, Providence, RI 028  
401-2

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 Filing Fee: \$50.00  
(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **6068**

2. Name of Corporation  
**FINANCIAL INSURANCE SERVICES, INC.**

3. Street Address Principal Business Office  
**11 Thurber Boulevard**

City **Smithfield** State **RI** Zip **02917-185**

4. Business Phone No.  
**(401) 233-1804**

5. State of Incorporation  
**RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**life insurance sales and administration**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name  
**Larry G. Pauley**

Vice President Name  
**Larry G. Pauley**

Street Address  
**11 Thurber Boulevard**

Street Address  
**11 Thurber Boulevard**

City  
**Smithfield**

City  
**Smithfield**

State  
**RI**

Zip  
**02917-1859**

Treasurer Name  
**Larry G. Pauley**

Street Address  
**11 Thurber Boulevard**

City  
**Smithfield**

State  
**RI**

Zip  
**02917**

Director Name  
**Larry G. Pauley**

Street Address  
**11 Thurber Boulevard**

City  
**Smithfield**

State  
**RI**

Zip  
**02917**

Director Name  
**William H. O'Connell**

Street Address  
**11 Thurber Boulevard**

City  
**Smithfield**

State  
**RI**

Zip  
**02917**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name  
**William H. O'Connell**

Street Address  
**11 Thurber Boulevard**

City  
**Smithfield**

State  
**RI**

Zip  
**02917**

Director Name  
**William H. O'Connell**

Street Address  
**11 Thurber Boulevard**

City  
**Smithfield**

State  
**RI**

Zip  
**02917**

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

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

Authorized Shares  
**2,000 SHS COM PAR \$ .10 E**

Issued Shares  
**5250**

Class/Series  
**Common**

Par Value

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

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.



\* 6 0 6 8 \*

2/28

1136

*[Signature]*

*[Signature]* 2/27/01

Signature of Officer  
**Larry G. Pauley**  
Date  
**2/27/01**  
Print or Type Name of Officer  
**Presid.**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89047** 2. Name of Corporation **FINANCIAL INSURANCE SERVICES, INC. \*TO DO BUSINESS UNDER FICTITIOUS**  
3. Street Address Principal Business Office **7277 World Communications Dr Omaha NE 68122**  
4. Business Phone No. **(402) 963-6873** 5. State of Incorporation **NEBRASKA**  
6. SIC Code **5744**  
7. Brief Description of the Character of Business Conducted in Rhode Island

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

<p>President Name <b>W. Gar Richlin</b> Street Address <b>7277 World Communications Dr.</b> City State Zip <b>Omaha NE 68122</b></p>	<p>Vice President Name <b>Phillip Clough</b> Street Address <b>7277 World Communications Dr.</b> City State Zip <b>Omaha NE 68122</b></p>
<p>Secretary Name <b>Don Vrana</b> Street Address <b>7277 World Communications Dr.</b> City State Zip <b>Omaha NE 68122</b></p>	<p>Treasurer Name <b>Don Vrana</b> Street Address <b>7277 World Communications Dr.</b> City State Zip <b>Omaha NE 68122</b></p>

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

<p>Director Name <b>Phillip Clough</b> Street Address <b>7277 World Communications Dr.</b> City State Zip <b>Omaha NE 68122</b></p>	<p>Director Name <b>W. Gar Richlin</b> Street Address <b>7277 World Communications Dr.</b> City State Zip <b>Omaha NE 68122</b></p>
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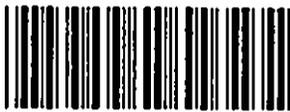
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100,000 SHS \$.01 PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**10,000 8.01**

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



\* 8 9 0 4 7 \*

File Date: **1/28/00**  
Check No.: **255142**  
By: **DC**

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.

**Donal J. Vrana** 1-19-00  
Signature of Officer Date  
**Donal J. Vrana**  
Print or Type Name of Officer  
VP  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89047** 2. Name of Corporation **FINANCIAL INSURANCE SERVICES, INC. \*TO DO BUSINESS UNDER FICTITIOUS NAM**

3. Street Address Principal Business Office **7277 World Communications Drive** City **Omaha** State **NE** Zip **68122**

4. Business Phone No. **402-963-4705** 5. State of Incorporation **NEBRASKA** 6. SIC Code **5744**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**insurance license**

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

President Name <b>Phillip A. Clough</b> Street Address <b>7277 World Comm Drive</b> City <b>Omaha</b> State <b>NE</b> Zip <b>68122</b>	Vice President Name <b>Donald Vrana</b> Street Address <b>7277 World Communications Dr.</b> City <b>Omaha</b> State <b>NE</b> Zip <b>68122</b>
Secretary Name <b>Alan G Siemek</b> Street Address <b>7277 World Comm Drive</b> City <b>Omaha</b> State <b>NE</b> Zip <b>68122</b>	Treasurer Name <b>Alan G. Siemek</b> Street Address <b>7277 World Comm Drive</b> City <b>Omaha</b> State <b>NE</b> Zip <b>68122</b>

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

Director Name <b>Phillip A. Clough</b> Street Address <b>7277 World Comm Drive</b> City <b>Omaha</b> State <b>NE</b> Zip <b>68122</b>	Director Name Street Address City State Zip
Director Name <b>W. Gar Richlin</b> Street Address <b>7277 World Comm Drive</b> City <b>Omaha</b> State <b>NE</b> Zip <b>68122</b>	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>100,000 SHS</b>	<b>\$.01 PAR VAL</b>	

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

ISSUED SHARES	Class/Series	Par Value
<b>10,000</b>	<b>Common</b>	<b>.01</b>

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



File Date: Jan 25, 99  
Check No.: 203052  
By: J.D.

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]  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
**Alan G. Siemek**  
Print or Type Name of Officer \_\_\_\_\_  
**Treasurer**  
Title of Officer \_\_\_\_\_

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89047** 2. Name of Corporation **FINANCIAL INSURANCE SERVICES, INC.\*\*TO DO BUSINESS UNDER FICTITIOUS NAM**

3. Street Address Principal Business Office **9802 Nicholas, Suite 320** City **Omaha** State **Nebraska** Zip **68114**

4. Business Phone No. **402-963-4705** 5. State of Incorporation **NEBRASKA** 6. SIC Code **5744**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Insurance License**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name **Rodney R. Kassmeier**

Street Address **15412 Pine Street**  
City **Omaha** State **NE** Zip **68144**

Secretary Name **Thomas W. Hoy**

Street Address **326 S 123rd Street**  
City **Omaha** State **NE** Zip **68104**

Vice President Name **Michael J. Kelly**

Street Address **16327 Westfield Circle**  
City **Omaha** State **NE** Zip **68130**

Treasurer Name **Michael J. Kelly**

Street Address **16327 Westfield Circle**  
City **Omaha** State **NE** Zip **68130**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name **James F. Lynch**  
Street Address **19 Ginger Cove**  
City **Valley** State **NE** Zip **68064**

Director Name **Phillip A. Clough**  
Street Address **7904 Ellenham Av**  
City **Ruxton** State **MO** Zip **64124**

Director Name **Mike P. May**  
Street Address **7622 Fairway Dr.**  
City **Omaha** State **NE** Zip **68103**

Director Name **Barry S. Major**  
Street Address **13411 Cedar Street**  
City **Omaha** State **NE** Zip **68144**

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

AUTHORIZED SHARES  
Number of Shares **100,000 SHS** Class/Series **\$0.01 PAR VAL** Par Value

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

ISSUED SHARES  
Number of Shares **10,000** Class/Series **Common** Par Value **.01**

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



File Date: **1-27-99**  
Check No.: **147781**  
By: **ICP**

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 **[Signature]** Date **1-30-99**

Print or Type Name of Officer **Rod Kassmeier**

Title of Officer **President**



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

**PROFIT CORPORATION ANNUAL REPORT 1997**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **89047**  
2. Name of Corporation **FINANCIAL INSURANCE SERVICES, INC.\*\*TO DO BUSINESS UNDER FICTITIOUS NA**  
3. Street Address Principal Business Office **9802 Nicholas, Suite 320** City **Omaha** State **Nebraska** Zip **68114**  
4. Business Phone No. **402-431-4705** 5. State of Incorporation **NEBRASKA** 6. SIC Code **5744**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Insurance License**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Ford Fisher</b> Street Address <b>13305 Birch St</b> City <b>Omaha</b> State <b>Nebraska</b> Zip <b>68164</b>	Vice President Name <b>Rod Kassmeier</b> Street Address <b>10244 Wiesman</b> City <b>Omaha</b> State <b>Nebraska</b> Zip <b>68164</b>
Secretary Name <b>Patrick Russell</b> Street Address <b>10244 Wiesman</b> City <b>Omaha</b> State <b>Nebraska</b> Zip <b>68164</b>	Treasurer Name <b>Steven Kucirek</b> Street Address <b>10244 Wiesman</b> City <b>Omaha</b> State <b>NE</b> Zip <b>68164</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>Jim Lynch</b> Street Address <b>13215 Birch Street</b> City <b>Omaha</b> State <b>NE</b> Zip <b>68164</b>	Director Name <b>Mike May</b> Street Address <b>13215 Birch Street</b> City <b>Omaha</b> State <b>NE</b> Zip <b>68164</b>
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**SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

Number of Shares <b>100,000 SHS</b>	Class/Series <b>\$.01 PAR VAL</b>	ISSUED SHARES <input checked="" type="checkbox"/> Number of Shares <b>10,000</b>	Class/Series <b>.01</b>
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report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Date: **2/21/97**  
No.: **106997**  
**WCA/SLC**

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 **Rod Kassmeier** Date **1/29/97**  
Print or Type Name of Officer **Vince Dracoid**