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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
119649	United Businessman's Insurance Agency, inc.			
3. Street Address Principal Business Office: 135 Wood Road	City: Braintree	State: MA	Zip: 02184	
4. Business Phone No.: 781-848-4950	5. State of Incorporation: MASSACHUSETTS		6. SIC Code: 7245	

7. Brief Description of the Character of Business Conducted in Rhode Island: TO ACT AS AN INSURANCE AGENT AND BROKER

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

	President Name: Richard Valentine	Vice President Name: Lori M. Lieser
Street Address	135 Wood Road	500 W. Madison St, Ste 2400
City / State / Zip	Braintree / MA / 02184	Chicago / IL / 60661
	Secretary Name: Richard Valentine	Treasurer Name: Robert Winter
Street Address	135 Wood Road	135 Wood Road
City / State / Zip	Braintree / MA / 02184	Braintree / MA / 02184

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

	Director Name: Patrick Gallagher	Director Name: Robert Zuccaro
Street Address	135 Wood Road	787 Seventh Ave, 49th Fl
City / State / Zip	Braintree / MA / 02184	New York / NY / 10019
	Director Name: Richard Valentine	Director Name:
Street Address	135 Wood Road	Street Address
City / State / Zip	Braintree / MA / 02184	City / State / Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
12,500	COMM	NO PAR VALUE	500	common	no par value

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

[redacted]

119649

File Date	1/31/05
Check No.	4048
By:	DA

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Lori M. Lieser — 1/27/05

Signature of Officer — *Date*

Lori M. Lieser

Print or Type Name of Officer

Vice President

Title of Officer

Form 630 Rev. 12/03

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.	2. Name of Corporation			
119649	United Businessman's Insurance Agency, Inc.			
3. Street Address Principal Business Office: 135 Wood Road	City: Braintree	State: MA	Zip: 02184	
4. Business Phone No.: 781-848-4950	5. State of Incorporation: MASSACHUSETTS		6. SIC Code: 7245	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACT AS AN INSURANCE AGENT AND BROKER

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

	President Name	Street Address	City	State	Zip
	Richard Valentine	135 Wood Road	Braintree	MA	02184
	Vice President Name	Street Address	City	State	Zip
	Lori M. Lieser	500 W. Madison, Suite 2400	Chicago	IL	60661
	Secretary Name	Street Address	City	State	Zip
	Richard Valentine	135 Wood Road	Braintree	MA	02184
	Treasurer Name	Street Address	City	State	Zip
	Robert L. Winter	135 Wood Road	Braintree	MA	02184

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

	Director Name	Street Address	City	State	Zip
	Richard Valentine	135 Wood Road	Braintree	MA	02184
	Director Name	Street Address	City	State	Zip
	Robert S. Zuccaro	787 Seventh Avenue 49th Fl.	New York	NY	10019
	Director Name	Street Address	City	State	Zip
	Patrick Gallagher	135 Wood Road	Braintree	MA	02184
	Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
12,500 COMM NO PAR VALUE			500	Common	No Par Value

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

[redacted] *119649

File Date 3.1.04
Check No. 318
By: ICP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Lori M. Lieser 3/25/04
Signature of Officer *Date*

Lori M. Lieser
Print or Type Name of Officer

Vice President
Title of Officer

[redacted]

Form 630 Rev. 12/03

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 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
119649	United Businessman's Insurance Agency, Inc.

3. Street Address Principal Business Office	City	State	Zip
135 WOOD ROAD	BRAINTREE	MA	02184-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
7818484950	MASSACHUSETTS	7245

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACT AS AN INSURANCE AGENT AND BROKER

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

President Name	Street Address	City	State	Zip
Richard Valentine	135 Wood Road	Braintree	MA	02184

Vice President Name	Street Address	City	State	Zip
Lori M. Lieser	500 W. Madison, Suite 3650	Chicago	IL	60661

Secretary Name	Street Address	City	State	Zip
Richard Valentine	135 Wood Road	Braintree	MA	02184

Treasurer Name	Street Address	City	State	Zip
Richard Valentine	135 Wood Road	Braintree	MA	02184

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

Director Name	Street Address	City	State	Zip
Richard Valentine	135 Wood Road	Braintree	MA	02184

Director Name	Street Address	City	State	Zip
Patrick Gallagher	135 Wood Road	Braintree	MA	02184

Director Name	Street Address	City	State	Zip
Lawrence Becker	787 Seventh Ave, 49th Floor	New York	NY	10019

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
12,500 COMM NO PAR VALUE			500	Common	No Par Value

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

[redacted] *119649*

**119649* 2/5/0311:45:12 AM*

File Date 2/20/03

Check No. 11015

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 02/12/03
Signature of Officer *Date*

Lori M. Lieser
Print or Type Name of Officer

[redacted] Vice President
Title of Officer

Form 630 12/01

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119649

2. Name of Corporation United Businessman's Insurance Agency, Inc.

3. Street Address Principal Business Office 135 Wood Road

City Braintree *State* MA *Zip* 02184

4. Business Phone No. (781) 848-4950

5. State of Incorporation MASSACHUSETTS

6. SIC Code 7245

7. Brief Description of the Character of Business Conducted in Rhode Island
Health Insurance Administration

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

President Name Richard J. Valentine
Street Address 135 Wood Road
City Braintree *State* MA *Zip* 02184

Vice President Name Shannon Linde
Street Address 135 Wood Road
City Braintree *State* MA *Zip* 02184

~~Secretary~~ *Name* Clerk
Robert L. Winter
Street Address 135 Wood Road
City Braintree *State* MA *Zip* 02184

Treasurer Name Richard J. Valentine
Street Address 135 Wood Road
City Braintree *State* MA *Zip* 02184

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

Director Name Richard J. Valentine
Street Address 135 Wood Road
City Braintree *State* MA *Zip* 02184

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
12,500	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500 Shares	common	no par

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

[redacted]

* 1 1 9 6 4 9 *

[redacted]

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.

Lori M. Lieser — *Signature of Officer* — 2/15/02 *Date*

LORI M. LIESER — *Print or Type Name of Officer*

Vice President — *Title of Officer*

File Date: 4-18-02

Check No.: 82477

By. Je

FOR SECRETARY OF STATE USE ONLY

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

STOP
PLEASE READ INSTRUCTIONS

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.: 119649
2. Name of Corporation: United Businessman's Insurance Agency, Inc.
3. Street Address Principal Business Office: 135 Wood Road — City: Braintree — State: MA — Zip: 02184
4. Business Phone No.: (781) 848-4950
5. State of Incorporation: MASSACHUSETTS
6. SIC Code: 7245
7. Brief Description of the Character of Business Conducted in Rhode Island: Health Insurance Administration

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

President Name: Richard J. Valentine	Vice President Name: Shannon Linde
Street Address: 135 Wood Road	Street Address: 135 Wood Road
City: Braintree State: MA Zip: 02184	City: Braintree State: MA Zip: 02184
~~Secretary~~ Name: Clerk Robert L. Winter	Treasurer Name: Richard J. Valentine
Street Address: 135 Wood Road	Street Address: 135 Wood Road
City: Braintree State: MA Zip: 02184	City: Braintree State: MA Zip: 02184

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

Director Name: Richard J. Valentine	Director Name:
Street Address: 135 Wood Road	Street Address:
City: Braintree State: MA Zip: 02184	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
12,500	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	No Par

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

* 1 1 9 6 4 9 *

File Date: 3.11.02

Check No.: 5765

By: CC

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.

Richard J. Valentine 2/15/02
Signature of Officer *Date*

Richard J. Valentine
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01