

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

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Janua. y (FORM MUST BE TYPED OR	1 - March 1 • Filin	NUAL REPUR 1g Fce: \$50,00	T FOR THE YEAR		
1. Corporate ID No. 119549	2. Name of Corporatio				
3. Street Address Principal Hus	iness Office	isman's Insurance Age	cuBrain tree	State MA	02184
4. Business Phone No.	(X)00Q 71°	5. State of Incorporation	Digitores	////1	6. SIC Code
787-848-9950 MASSACHUSET			TS		7245
TO ACT AS AN INS	SURANCE AGENT AND BI	Rbode Bland ROKER			
	SSES OF THE OFFICERS	: ("X" BOX FOR ATT	. —	ACES BEFORE USING A	TTACHMENTS
Prosident North Richa	rd Valenti	ne	Vica President Name LOCI Mi	Lieser	
Street Address 135 L	vood Road	d	Street Address 500 W.	. 2 1	t, Sk 2400
Scercian some	State MA	121p 02184	Chicago	State	00661
Kichar	rd Valentin	e	Robert (vinter	
	Jood Road		Sireci Address 135 WOO	d Road	
BAINTILL D. NAMES AND ADDRES	SSES OF THE DIRECTOR	Zip DQ 184 RS: ("X" BOX FOR AT	Braintree	State A PACES BEFORE USING	ZIP 02184 ATTACHMENTS
Patrick	Gallagher	·	Parector Name Robert	Zuccaro	
Sircei Address 135 L	Jood Road		187 Severth Ave 49 an FL		
Baintree	State MA	02184	Mew Yorke	State	10019
Richara	Valentine		Director Name		
Since Address 35 W	ood Road		Street Address		
Printra	State M	721911	City	State	Zip
おいれて代と 10. SHARES AUTHORIZ		ACHMENT) [11. SHARES ISSUED ("X	BOX FOR ATTACHM	
AUTHORIZED SHARES	<u> </u>		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 COMM NO PAR	VALUE		500	Common	nopurvalue
771.1			<u> </u>		<u></u>
i ins report musi	i oc signed in ink by eith	ier the President, Vice I	President, Secretary, Assistant	Scoretary, Treasurer, Re	ceiver or Trustee
				y, I declare and affirm that	
File Date 3	119649		including any accompar contained herein are tru	nying schedules and statem e and correct.	ents, and that all statements
4	\U \alpha		Signature of Officer	, suser	Date Date
Check No.	<u> </u>		Lori M.	, Cleser	
Ву:	A	_	Print or Type Name of Of	• I	
FOR SECRETARY C	DE STATE LISE ONLY		Vice	President	

Title of Officer



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

Filing Period: January 1 - Mo FORM MUST BE TYPED OR PRIN	•	Fee: \$50.00				
1. Corporate ID No.	2. Name of Corporation			·		
119649	United Businessr	man's Insurance Agency	y, Inc.			
3. Street Address Principal Business 0	- 1 // 8	7	"Braintree	State	²¹⁰ 02184	
1. Husiness Phone No. 181-848-4		5. State of Incorporation MASSACHUSETTS			6. SIC Code 7245	
7. Brief Discription of the Character of TO ACT AS AN INSURAN						
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) FILL IN SP	ACES BEFORE USING	ATTACHMENTS	
President Name Bichard	Valentine		Vice President Name LOCI M. (jeser		
Street Address	ood Road		Sircel Address 500 (J.	Madison, a	Suite 2400	
Braintree	State MA	Zup 02184	Chicago	State	2.1p (e) (g)	
Secretary Name Richar	rd Valenti	ne	Bobert (L. Winter		
Sircoi Address 135 W	lood Road	1	135 Wood Road			
Brainbree	State MA	D2184	"Braintree	State MA	2ip 62/84	
9. NAMES AND ADDRESSES 13trector Name Richard	Ualentin		Director Home Chert	S. Zuccai	G ATTACHMENTS	
Sircei Address 135 ()	lood Roa	d	Street Address 787 Self	enth Avenus	1 lasta Fil	
"Brain-Gree	State MA	02184	City New York	State NY	^{zip} 10019	
Patrick	Gallagher	_	Director Name			
Street Address 135 We	ood Road		Street Address			
Braintree	State MA	D2184	Cuy	State	Zip	
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	ACHMENT) [11. SHARES ISSUED (*)	K BOX FOR ATTACH	MENT) [
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
12,500 COMM NO PAR VALU		, and the state of	500	Common	No Par Chlue	
This report must be s	signed in ink by eith	er the President, Vice Pi	1 resident, Secretary, Assistant	Secretary, Treasurer, R	Leceiver or Trustee	
{ 0.0 101		 16 				
		 				

File Date

3.1.04

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and statement	have examined this report ints, and that all statement
contained herein are unit and correct	3/25/04
Signature of Officer ,	Date
Signature of Officer LOVI M. Lieser	
Print or Type Name of Officer 1/1'Cl President	
Title of Officer	Form 630 Rev. 12/03



Matthew A. Brown, Secretary of State Corporations Division

AND PROVIDENCE PLANTATIONS Office of the Secretary of State			100 North Main Street, Providence, RI 02903-133 401.222.304		
PROFIT CORPORATION Filing Period: January 1 - March 1	N ANNUAL RE Filing Fee: \$50.00	PORT FOR THE	YEAR 2003		
(FORM MUST BE TYPED IN BLACK)					
1. Corporate ID No. 2. Name of Co *119649* United Bu	rporation sinessman's Insurance	ce Agency, Inc.			
3. Street Address Principal Business Office		City	State	Zip	
135 WOOD ROAD		BRAINTREE	MA	02184-	
4. Business Phone No. 7818484950	5. State of Incorpo MASSACHU		······································	6. SIC Code 7245	
7. Brief Description of the Character of Business TO ACT AS AN INSURANCE AGENT A	Conducted in Rhode Island ND BROKER	······································			
8. NAMES AND ADDRESSES OF THE C	FFICERS ("Y" ROY FO	RATTACHMENT FILL INS	PACES REFORE LISING	ATTACHMENTS	

135 MOOD KOMD			BRAINTREE] MA	02184-	
4. Business Phone No.		5. State of Incorpor	ration	- · · · · · · · · · · · · · · · · · · ·	6. SIC Code	
7818484950		MASSACHU	SETTS		,7245	
7. Brief Description of the TO ACT AS AN INS	Character of Business C SURANCE AGENT A	Conducted in Rhode Island ND BROKER			1	
President Name	, , , , , , , ,	FFICERS ("X" BOX FO	RATTACHMENT) FILL IN S	PACES BEFORE USING AT	TTACHMENTS	
Richard Valent	ine		·Lori M. Lieser			
Street Address		·····	Street Address			
135 Wood Road	•		.500 W. Madison	, Suite 3650		
City	State	Zip	Ciry	State	Zip	
Braintree) MA	02184	·Chicago	IL	60661	
Secretary Name	• • • • • • • • • •		Treasurer Name			
Richard Valent:	ine		Richard Valent	ine		
Street Address			Street Address			
135 Wood Road			.135 Wood Road			
City	State	Zip	*City	State	Zip	
Braintree	MA	02184	.Braintree	MA	02184	
9. NAMES AND ADD Director Name	RESSES OF THE D	IRECTORS ("X" BOX F	OR ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Richard Valent:	ine		'Patrick Gallag	her	•	
Street Address			· Street Address	-		
135 Wood Road			135 Wood Road			
City	State	Zip	•City	State	Zip	
Braintree	MA	02184	Braintree	MA	02184	
Director Name			Director Name			
Lawrence Becke	r		•			
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
787 Seventh Ave	e, 49th Floor		•			
City	State	Zip	City	State	Zip	
New York	NY	10019	•			
10. SHARES AUTHO AUTHORIZED SHARES	RIZED C'X" BOX FO	OR ATTACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	ים מי	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
12,500 COMM NO I	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

	* 1 1 9 6 4 9 *
**119649	* 2/5/0311:45:12 AM* 2/20/23
File Date	2/20/23
Check No	1/015
	Den -

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affir	m that I have avamined
this report, including any accompanying sci	
and that all statements contained herein are	
- Wh.	
1.000 - 1 July 1 July 1	02/12/03
Signature of Officer	Date
Lori M. Lieser	
Print or Type Name of Officer	
Vice President	
Title of Officer	Form 630 12/01

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

STOP PLE ASE 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 BL	ACK)				
1. Corporate ID No.	2. Name of Corpora	atton	* * · ·		`
11 964 9	United Busi	inessman's Insurance A	gency, Inc.		
3. Street Address Principal Busines	s Office		City	State	Zip
135 Wood Road 4. Business Phone No.		5. State of Incorporation	Braintree	MA	02184 6. SIC Code
(781) 848-495(7. Brief Description of the Charact		MASSACHUS	ETTS	-	7245
Health Insurar	nce Administr	ation	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Richard J. Val	entine		Shannon Linde	·	-
135 Wood Road	State	Zip	_ : 135. Wood Road	54.44	***
Braintree	MA	02184	Braintree	State M7	Zip 02104
3000 Name Clerk	•	1 44 11 1 1111111	Treasurer Name	MA	02184
Robert L. Wint	er		Richard J. Va.	lentine	
135 Wood Road			135 Wood Road		
City	State	Zip	City	State	Zip
Braintree 9. NAMES AND ADDRES	MA SSES OF THE DIR	02184 ECTORS ("X" BOX FOR A	- ··• ·	MA ES BEFORE USING ATTA	02184 ACHMENTS
Director Name Richard J. Val Street Address	entine		Director Name		
135 Wood Road			Street Address		
City	State	Zip	City		91.
Braintree	MA	02184		State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACIMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) .
Number of Shares	Class/Series	Par Value	SSUED SHARES Number of Shares	Class/Series	. One status
12,500 COMM NO PAR V			•		Par Value NO PEVT
			500 Shares	common	no my

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



File Date:	4-18-02
Check No.:	8247
Ву	de
FOR SECRETARY OF ST	— ATE 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.

2/15/02

Signature of Officer	2/15/02
Signature of Officer	Date
LORI M. LIESER	

Print or Type Name of Officer	
<u>Vice President</u>	-
VICE PRESIDENCE	
Title of Officer	

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

119649

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

United Businessman's Insurance Agency, Inc.



3. Street Address Principal Business Of	fice		City	State	Zip
135 Wood Road 4. Business Phone No.		5. State of Incorporation	Braintree	MA	02184 6. SIC Code
(781) 848-4950 7. Brief Description of the Character of	f Business Conducted is	MASSACHUSETTS n Rhode Island	,		7245
Health Insurance 8. NAMES AND ADDRESSI President Name		. .	(ENT) FILL IN SPACES BI	EFORE USING ATTAC	HMENTS
Richard J. Valer	ntine		Shannon Linde . Street Address		
135 Wood Road	State	Zip	. 135 Wood Road_	State	Zip
Braintree SOOOK Name Clerk	MA	02184	Braintree	MA	02184
Robert L. Winter Street Address	:		Richard J. Vale	ntine	
135 Wood Road	State	Zip	135 Wood Road	State	Zip
Braintree 9. NAMES AND ADDRESSI Director Name	MA ES OF THE DIRE	02184 ECTORS ("X" BOX FOR ATTAC		MA BEFORE USING ATTA	02184 . ACHMENTS
Richard J. Valer	ntine		Director Name Street Address		
135 Wood Road			:		
City	State	Zip	City	State	Zip
Braintree Director Name	MA	02184	Director Name	••••••••	** * * * * * * * * * * * * * * * * * * *
Street Address			Street Address		
City	State	, Žip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	(CHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT	7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 COMM NO PAR VAL	.UE	· -	500	Common	No Par
This report must be signe :	in ink by eith	ner the President, Vice Pr	esident, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Trustee

* 1 1 9 6 4 9 *

Title of Officer

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