



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. 119549		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 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		Street Address 500 W. Madison St, Ste 2400		
City Braintree	State MA	Zip 02184	City Chicago	State IL
Secretary Name Richard Valentine		Treasurer Name Robert Winter		
Street Address 135 Wood Road		Street Address 135 Wood Road		
City Braintree	State MA	Zip 02184	City Braintree	State MA
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		Street Address 787 Seventh Ave, 49th FL		
City Braintree	State MA	Zip 02184	City New York	State NY
Director Name Richard Valentine		Director Name		
Street Address 135 Wood Road		Street Address		
City Braintree	State MA	Zip 02184	City	State
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
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



119649

File Date 1/31/05
Check No. 4048
By: DA
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 Lori M. Lieser Date 1/27/05
Print or Type Name of Officer
Vice President
Title of Officer



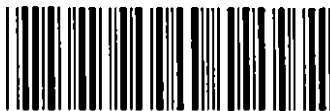
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3. Street Address Principal Business Office 135 Wood Road		City Braintree		State MA	Zip 02184
4. Business Phone No. 781-848-4950		5. State of Incorporation MASSACHUSETTS			6. SIC Code 7245
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8. NAMES 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			Street Address 500 W. Madison, Suite 2400		
City Braintree	State MA	Zip 02184	City Chicago	State IL	Zip 60601
Secretary Name Richard Valentine			Treasurer Name Robert L. Winter		
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 Valentine			Director Name Robert S. Zuccaro		
Street Address 135 Wood Road			Street Address 787 Seventh Avenue 49th Fl.		
City Braintree	State MA	Zip 02184	City New York	State NY	Zip 10019
Director Name Patrick Gallagher			Director Name		
Street Address 135 Wood Road			Street Address		
City Braintree	State MA	Zip 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

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* 1 1 9 6 4 9 *

File Date	3.1.04
Check No.	318
By:	ICP
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: Lori M. Lieser Date: 3/25/04
Print or Type Name of Officer: Lori M. Lieser
Title of Officer: Vice President



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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. *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. 7818484950		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		Street Address 500 W. Madison, Suite 3650			
City Braintree	State MA	Zip 02184	City Chicago	State IL	Zip 60661
Secretary Name Richard Valentine		Treasurer Name Richard 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 Valentine		Director Name Patrick Gallagher			
Street Address 135 Wood Road		Street Address 135 Wood Road			
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184
Director Name Lawrence Becker		Director Name			
Street Address 787 Seventh Ave, 49th Floor		Street Address			
City New York	State NY	Zip 10019	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



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**119649* 2/5/03 11:45:12 AM*

File Date 2/20/03

Check No. 11015

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] 02/12/03
Signature of Officer Date
Lori M. Lieser
Print or Type Name of Officer
Vice President
Title of Officer



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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. **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 	Director Name Street Address City State Zip

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

AUTHORIZED SHARES

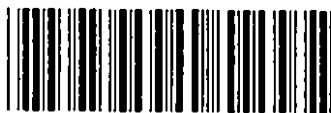
Number of Shares	Class/Series	Par Value
12,500 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500 Shares	Common	NO par

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* 1 1 9 6 4 9 *

File Date: **4-18-02**

Check No.: **8247**

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 **Lori M. Lieser** Date **2/15/02**

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

Title of Officer **Vice President**



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Secretary Name 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

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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 	Director Name Street Address City State Zip

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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

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* 1 1 9 6 4 9 *

File Date: **3.11.02**

Check No.: **5765**

By: **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 **Richard J. Valentine** Date **2/15/02**

Print or Type Name of Officer **Richard J. Valentine**

Title of Officer **President**

Form 630 12/01

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