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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation
104162	The Altus Group, Inc.

3. Street Address Principal Business Office	City	State	Zip
10 CHARLES STREET	PROVIDENCE	RI	02904-1143

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-752-6000	RHODE ISLAND	0

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDING, ADMINSTERING AND UNDERWRITING HEALTH AND EMPLOYEE BENEFITS PLANS AND PROGRAMS; INVESTING IN AND OWNING SUBSIDIARY AND AFFILIATED CORPORATIONS

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

President Name	Street Address	City	State	Zip
Joseph A. Nagle	6 Rise-N-Sun Drive	Scituate	RI	02831

Vice President Name	Street Address	City	State	Zip
n/a				

Secretary Name	Street Address	City	State	Zip
Patricia A. Sullivan, Esq.	17 Vialls Street	Barrington	RI	02806

Treasurer Name	Street Address	City	State	Zip
Richard A. Fritz	68 King Street	Norfolk	MA	02056

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

Director Name	Street Address	City	State	Zip
Karl F. Sherry, Jr.	30 Greenwood Avenue	E. Providence	RI	02916

Director Name	Street Address	City	State	Zip
A. Thomas Correia, DDS	419 Poppasquash Road	Bristol	RI	02809

Director Name	Street Address	City	State	Zip
Paul MacDonald	514 Colwell Road	Harrisville	RI	02830

Director Name	Street Address	City	State	Zip
Philip C. Barner, DDS	1840 Mineral Spring Avenue	N. Providence	RI	02904

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*
1,000 NO PAR VALUE			1,000	No Par Value	None

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

[redacted] 104162 [redacted]

104162 DBC 03/02/05 08:29:46 AM
File Date 3/2/05
Check No. 23209
By: VD.
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.

Joseph A. Nagle 3/1/05
Signature of Officer *Date*

Joseph A. Nagle
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

Officers (continued)

Assistant Secretary	Kathryn Shanley 51 Trayer Road Canton, MA 02021
Assistant Treasurer	George Bedard 5 Burr Avenue Barrington, RI 02806

Directors continued)

Mr. Edward Almon
President and CEO
Claflin Company
465 Warwick Industrial Drive
Warwick, RI 02886

Maria M. Asciolla, DMD
Asciolla Family Dentistry, Inc.
880 Main Street
East Greenwich, RI 02818

Vincent DelNero
Chief Financial Officer
Pawtucket Mutual Insurance Company
25 Maple Street
P.O. Box 820
Pawtucket, RI 02862

Mr. David A. Duffy
275 Stony Lane
North Kingstown, RI 02852

Paula Hurd
56 Hickory Drive
East Greenwich, RI 02818

Stephen J. Puerini, DMD
989 Reservoir Avenue
Cranston, RI 02910

Patricia A. Sullivan, Esq.
Edwards & Angell
2800 Financial Plaza
Providence, RI 02903

Leonard C. Taddei, DMD
770 Aquidneck Avenue
Middletown, RI 02842

Robert Urciuoli
President and CEO
Roger Williams Medical Center
825 Chalkstone Avenue
Providence, RI 02908

Marilyn J. Walsh
Senior Vice President
Women & Infants Hospital
101 Dudley Street
Providence, RI 02905

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			
104162	The Altus Group, Inc.			
3. Street Address Principal Business Office		City	State	Zip
10 Charles Street		Providence	RI	02904-1143
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 752-6000	RHODE ISLAND			0

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDING, ADMINSTERING AND UNDERWRITING HEALTH AND EMPLOYEE BENEFITS PLANS AND PROGRAMS; INVESTING IN AND OWNING SUBSIDIARY AND AFFILIATED CORPORATIONS

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

President Name	Street Address	City	State	Zip
Joseph A. Nagle	6 Rise-N-Sun Drive	Scituate	RI	02831

Vice President Name	Street Address	City	State	Zip
n/a				

Secretary Name	Street Address	City	State	Zip
Patricia A. Sullivan, Esq.	17 Vialls Street	Barrington	RI	02806

Treasurer Name	Street Address	City	State	Zip
Richard A. Fritz	68 King Street	Norfolk	MA	02056

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

Director Name	Street Address	City	State	Zip
Colin A. MacGillivray	9 Ocean Lawn Avenue	Newport	RI	02840
Robert DiMuccio	6 Intervale Road	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip
A. Thomas Correia, DDS	419 Poppasquash Road	Bristol	RI	02809
Paul MacDonald	514 Colwell Road	Harrisville	RI	02830

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	no par value	

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

[redacted]

104162

File Date 3-1-04

Check No. 21888

By: [redacted]

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.

Joseph A. Nagle 3/1/04
Signature of Officer *Date*

Joseph A. Nagle
Print or Type Name of Officer

[redacted] ~~President~~
Title of Officer

Form 630 Rev. 12/03

Officers (continued)

Assistant Secretary	Kathryn Shanley 51 Trayer Road Canton, MA 02021
Assistant Treasurer	George Bedard 5 Burr Avenue Barrington, RI 02806

Directors (continued)

Maria M. Asciolla, DMD
Asciolla Family Dentistry, Inc.
880 Main Street
East Greenwich, RI 02818

Phillip C. Barner, DDS
1840 Mineral Spring Avenue
North Providence, RI 02904

Paula Hurd
56 Hickory Drive
East Greenwich, RI 02818

Karl Sherry
Hayes & Sherry Real Estate
20 Westminster Street
Providence, RI 02903

Leonard C. Taddei, DMD
770 Aquidneck Avenue
Middletown, RI 02842

Marilyn J. Walsh
Vice President, Human Resources
Women & Infants Hospital
101 Dudley Street
Providence, RI 02905

Joseph C. Augustine
1135 High Hawk Road
East Greenwich, RI 02818

Vincent DelNero
Chief Financial Officer
Pawtucket Mutual Insurance Company
25 Maple Street
Pawtucket, RI 02862

Stephen J. Puerini, DMD
989 Reservoir Avenue
Cranston, RI 02910

Patricia A. Sullivan, Esq.
Edwards & Angell
2800 Financial Plaza
Providence, RI 02903

Robert Urciuoli
President and CEO
Roger Williams Medical Center
825 Chalkstone Avenue
Providence, RI 02908

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 104162
2. Name of Corporation: The Altus Group, Inc.
3. Street Address Principal Business Office: 10 Charles Street
   City: Providence
   State: RI
   Zip: 02904-1143
4. Business Phone No.: (401) 752-6000
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 0
7. Brief Description of the Character of Business Conducted in Rhode Island: Health and employee benefits plans

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

President Name	Vice President Name
Joseph A. Nagle	n/a
Street Address	Street Address
6 Rise-N-Sun Drive	
City / State / Zip	City / State / Zip
Scituate RI 02831	
Secretary Name	Treasurer Name
Patricia A. Sullivan, Esq.	Richard A. Fritz
Street Address	Street Address
17 Vialls Street	5 Shattuck Street
City / State / Zip	City / State / Zip
Barrington RI 02806	Natick MA 01760

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

Director Name	Director Name
Colin A. MacGillivray	A. Thomas Correia, DDS
Street Address	Street Address
9 Ocean Lawn Lane	419 Poppasquash Road
City / State / Zip	City / State / Zip
Newport RI 02840	Bristol RI 02809
Director Name	Director Name
Robert DiMuccio	Paul MacDonald
Street Address	Street Address
6 Intervale Drive	514 Colwell Road
City / State / Zip	City / State / Zip
Cumberland RI 02864	Harrisville RI 02830

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	no par value	

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

[redacted] [redacted]

* 1 0 4 1 6 2 *

File Date: 2-26-03

Check No.: 20555

By: kmc

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.

Joseph A. Nagle 2/25/03
Signature of Officer *Date*

Joseph A. Nagle
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/02

Officers (continued)

Assistant Secretary	Kathryn Shanley 51 Trayer Road Canton, MA 02021
Assistant Treasurer	George Bedard 5 Burr Avenue Barrington, RI 02806

Directors (continued)

Karl Sherry
30 Greenwood Avenue
E. Providence, RI 02916

Patricia A. Sullivan, Esq.
17 Vialls Street
Barrington, RI 02806

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.: 104162
2. Name of Corporation: The Altus Group, Inc.
3. Street Address Principal Business Office: 10 Charles Street
   City: Providence
   State: RI
   Zip: 02904-1143
4. Business Phone No.: (401) 752-6000
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 0
7. Brief Description of the Character of Business Conducted in Rhode Island: Health and employee benefits plans

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

President Name	Street Address	City	State	Zip
Joseph A. Nagle	6 Rise-N-Sun Drive	Scituate	RI	02831

Vice President Name	Street Address	City	State	Zip
n/a				

Secretary Name	Street Address	City	State	Zip
Patricia A. Sullivan, Esq.	17 Vialls Street	Barrington	RI	02806

Treasurer Name	Street Address	City	State	Zip
Richard A. Fritz	5 Shattuck Street	Natick	MA	01760

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

Director Name	Street Address	City	State	Zip
Colin A. MacGillivray	9 Ocean Lawn Lane	Newport	RI	02840
Robert DiMuccio	6 Intervale Drive	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip
A. Thomas Correia, DDS	419 Poppasquash Road	Bristol	RI	02809
Paul MacDonald	514 Colwell Road	Harrisville	RI	02830

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	no par value	

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

[redacted] [redacted]

* 1 0 4 1 6 2 *

File Date: 3/1/2002

Check No.: 19276

By: [redacted]

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.

Joseph A. Nagle — 3/1/02
Signature of Officer — *Date*

Joseph A. Nagle
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/01

Officers (continued)

Assistant Secretary	Kathryn Shanley 51 Trayer Road Canton, MA 02021
Assistant Treasurer	George Bedard 5 Burr Avenue Barrington, RI 02806

Directors (continued)

Karl Sherry
30 Greenwood Avenue
E. Providence, RI 02916

Patricia A. Sullivan, Esq.
17 Vialls Street
Barrington, RI 02806

Laurie L. White
388 Laurel Ridge Lane
North Kingstown, RI 02852

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
104162	The Altus Group, Inc.

3. Street Address Principal Business Office	City	State	Zip
10 Charles Street	Providence	RI	02904-1143

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 752-6000	RHODE ISLAND	0

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

Health and employee benefits plans

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

President Name	Street Address	City	State	Zip
Joseph A. Nagle	6 Rise-N-Sun Drive	Scituate	RI	02831

Vice President Name	Street Address	City	State	Zip
n/a				

Secretary Name	Street Address	City	State	Zip
Patricia A. Sullivan, Esq.	17 Vialls Street	Barrington	RI	02806

Treasurer Name	Street Address	City	State	Zip
Richard Fritz	5 Shattuck Street	Natick	MA	01760

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

Director Name	Street Address	City	State	Zip
Colin A. MacGillivray	9 Ocean Lawn Lane	Newport	RI	02840
Robert DiMuccio	6 Intervale Drive	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip
A. Thomas Correia, DDS	419 Poppasquash Road	Bristol	RI	02809
Paul MacDonald	514 Colwell Road	Harrisville	RI	02830

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	no par value	

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

[redacted]

104162

File Date: FILED

Check No.: MAR 01 2001

By: By [redacted]

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.

Joseph A. Nagle 2/28/01

Signature of Officer *Date*

Joseph A. Nagle

Print or Type Name of Officer

President

Title of Officer

Form 630 12/00

Officers (continued)

Assistant Secretary	Kathryn Shanley 51 Trayer Road Canton, MA 02021
Assistant Treasurer	George Bedard 5 Burr Avenue Barrington, RI 02806

Directors (continued)

Karl Sherry
30 Greenwood Avenue
E. Providence, RI 02916

Patricia A. Sullivan, Esq.
17 Vialls Street
Barrington, RI 02806

Laurie L. White
388 Laurel Ridge Lane
North Kingstown, RI 02852

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
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

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.: 104162
2. Name of Corporation: The Altus Group, Inc.
3. Street Address Principal Business Office: 10 Charles Street
City: Providence
State: RI
Zip: 02904-1143
4. Business Phone No.: (401) 752-6000
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Health and employee benefit plans and owning subsidiary corporations

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

President Name: Joseph A. Nagle
Street Address: 6 Rise-N-Sun Drive
City: Scituate
State: RI
Zip: 02831

Vice President Name:
Street Address:
City:
State:
Zip:

Secretary Name: Patricia A. Sullivan
Street Address: 17 Vialls Drive
City: Barrington
State: RI
Zip: 02806

Treasurer Name: George J. Bedard
Street Address: 5 Burr Avenue
City: Barrington
State: RI
Zip: 02806

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

Director Name: Colin A. MacGillivray
Street Address: 94 Lawrence Drive
City: Portsmouth
State: RI
Zip: 02871

Director Name: Robert DiMuccio
Street Address: 6 Intervale Drive
City: Cumberland
State: RI
Zip: 02864

Director Name: A. Thomas Correia, DDS
Street Address: 419 Poppasquash Road
City: Bristol
State: RI
Zip: 02809

Director Name: Karl Sherry
Street Address: 30 Greenwood Avenue
City: E. Providence
State: RI
Zip: 02916

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

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

Number of Shares	Class/Series	Par Value
1,000 no par value		

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

* 1 0 4 1 6 2 *

File Date: FILED
Check No.: MAR 0 1 2000
By: By 0016269
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.

Joseph A. Nagle — 3/1/2000
Signature of Officer — *Date*

Joseph A. Nagle
Print or Type Name of Officer

President
Title of Officer

Form 630 12/96

Item #9 (cont.)

Director Name: Laurie L. White
Street Address: 388 Laurel Ridge Lane
City: North Kingstown State: RI Zip: 02852